

Section VI: National Mental Health Statistics

Chapter 18

Highlights of Organized Mental Health Services in 2000 and Major National and State Trends

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During the 30 years leading up to 2000, significant changes occurred in the number, capacity, structure, and operation of organizations providing mental health services in the United States. This chapter describes some of the changes that have occurred nationally in the delivery system, analyzes some of the policy implications of these changes for future planning purposes, and presents some comparative data by State.

The source of most of the organizational data presented in this chapter is the periodic Survey of Mental Health Organizations and General Hospital Mental Health Services (SMHO; see appendix A) conducted by the Survey and Analysis Branch, Division of State and Community Systems Development, Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration (SAMHSA). The SMHO is a complete enumeration of all specialty mental health organizations and separate psychiatric services of

non-Federal general hospitals, together with a sample survey that collects descriptive information on the number and types of services, capacity (number of beds), volume of services (numbers of episodes, additions, and resident patients), staffing, expenditures, and sources of revenue.

The types of mental health organizations covered are State and county mental hospitals, private psychiatric hospitals, non-Federal general hospitals with separate psychiatric services, Department of Veterans Affairs (VA) medical centers, residential treatment centers (RTC) for emotionally disturbed children, and “all other mental health organizations,” which includes multiservice mental health organizations, freestanding psychiatric outpatient clinics, and partial care psychiatric organizations. Definitions of these organization types are given in appendix A.

This chapter examines four organizational focuses of the specialty mental health care sector:

- *Availability*—the number of each type of organization and the number of organizations providing mental health services in 24-hour care (inpatient, including residential care) and in less than 24-hour care (outpatient and partial care), as well as the capacity of these services (number of 24-hour hospital beds).
- *Volume of Services*—the actual level of services provided by each organization type. Aggregate measures of service utilization are shown for 24-hour hospital services, including residential treatment care, and for less than 24-hour services (number of additions, number of resident patients, and average daily census).
- *Staffing*—the number of full-time equivalent (FTE) personnel by staff discipline employed by each organization type.
- *Finances*—the expenditures made by each organization type to provide and administer services, and the amount and sources of the revenues received by these organizations.

Availability of Services

Number of Organizations and Service Settings

The total number of mental health organizations in the United States¹ increased between 1970 and 1998 from 3,005 to 5,722 (see table 1). However, there was a slight dip between 1992 and 1994, as well as a decrease between 1998 and 2000, from 5,772 to 4,546. Almost all the increase up to 1998 occurred as a result of gains in the number of private psychiatric hospitals, separate psychiatric services of non-Federal general hospitals, RTCs, and “all other mental health organizations,” because the number of State and county mental hospitals (hereafter referred to as State mental hospitals) and free-standing outpatient clinics (included in the rubric “all other mental health organizations”) decreased,

¹ Throughout this chapter, including the tables, “United States” includes the 50 States and the District of Columbia. SMHO also covers facilities in Puerto Rico and the Territories.

and the number of VA medical centers with psychiatric services remained relatively unchanged. Although the number of private psychiatric hospitals in 1998 was still more than twice the number in 1970, this represented a substantial decline from their 1992 peak. During the 2-year period between 1998 and 2000, the number of private psychiatric hospitals continued to decline by about 23 percent.

Although the number of mental health organizations increased overall leading up to 1998, the number of organizations providing 24-hour hospital and residential treatment services peaked in 1994 and has decreased slightly since, from 3,827 to 3,202. For example, between 1970 and 1994, the number providing 24-hour hospital and residential treatment services nearly doubled from 1,734 to 3,827.² This number declined between 1994 and 2000 to 3,202. The number providing less than 24-hour services rose consistently between 1970 and 1998, from 2,156 to 4,386.³ However, between 1998 and 2000 the number of mental health organizations providing less than 24-hour services decreased to 3,542.

Number of Psychiatric Beds

Although the number of mental health organizations providing 24-hour services (hospital inpatient and residential treatment) increased significantly over the 30-year period, the number of psychiatric beds provided by these organizations decreased by more than half, from 524,878 in 1970 to 215,221 in 2000 (see table 2). The corresponding bed rates per 100,000 civilian population dropped proportionately more in the same period, from 264 to 77. Beds in State mental hospitals accounted for most of this precipitous drop, with their number representing only 28 percent of all psychiatric beds in 2000, compared with almost 80 percent in 1970 (see figure 1).

Trends in bed rates for specific organization types, shown in figure 2, indicate that the rates for private psychiatric hospitals and non-Federal gen-

² Before 1994, residential supportive care was excluded from the data. In 1994, data for residential supportive care were included. However, this change should have no material effect on the data except for “multiservice mental health organizations.”

³ In 1994, no distinction was made between outpatient and partial care on the inventory, and the categories “24-hour hospital care” and “less than 24-hour care” were used. As a result, data for all years before 1994 have been restated to show the combined outpatient and partial care totals.

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Table 1. Number of mental health organizations, by type of organization:
United States, selected years, 1970–2000¹

Type of organization	1970	1976	1980	1986	1990	1992	1994	1998	2000
Number of mental health organizations									
All organizations	3,005	3,480	3,727	4,747	5,284	5,498	5,392	5,722	4,546
State and county mental hospitals	310	303	280	285	273	273	256	229	220
Private psychiatric hospitals	150	182	184	314	462	475	430	348	269
Non-Federal general hospitals with separate psychiatric services	797	870	923	1,351	1,674	1,616	1,612	1,707	1,373
VA medical centers ²	115	126	136	139	141	162	161	145	142
Federally funded community mental health centers	196	517	691	—	—	—	—	—	—
Residential treatment centers for emotionally disturbed children	261	331	368	437	501	497	459	461	474
All other mental health organizations ³	1,176	1,151	1,145	2,221	2,233	2,475	2,474	2,832	2,068
Number with 24-hour hospital and residential treatment service									
All organizations	1,734	2,273	2,526	3,039	3,430	3,415	3,827	3,729	3,202
State and county mental hospitals	310	303	280	285	273	273	256	229	220
Private psychiatric hospitals	150	182	184	314	462	475	430	348	269
Non-Federal general hospitals with separate psychiatric services	664	791	843	1,287	1,571	1,517	1,531	1,593	1,325
VA medical centers ²	110	112	121	124	130	133	135	123	133
Federally funded community mental health centers	196	517	691	—	—	—	—	—	—
Residential treatment centers for emotionally disturbed children	261	331	368	437	501	497	459	461	474
All other mental health organizations ³	43	37	39	592	493	520	1,016	975	781
Number with less than 24-hour care⁴									
All organizations	2,156	2,318	2,431	2,946	3,189	3,390	4,087	4,386	3,542
State and county mental hospitals	195	147	100	83	84	75	70	60	59
Private psychiatric hospitals	100	60	54	114	176	198	347	263	235
Non-Federal general hospitals with separate psychiatric services	376	303	299	497	633	618	875	965	819
VA medical centers ²	100	113	127	137	141	161	148	128	115
Federally funded community mental health centers	196	517	691	200	—	—	—	—	—
Residential treatment centers for emotionally disturbed children	48	57	68	99	163	167	227	210	283
All other mental health organizations ³	1,141	1,121	1,092	2,016	1,992	2,171	2,420	2,760	2,031

Sources: Published and unpublished inventory data from the Survey and Analysis Branch, Division of State and Community Systems Development, Center for Mental Health Services.

¹ Some organizations were reclassified as a result of changes in reporting procedures and definitions. For 1979–80, comparable data were not available for certain organization types and data for either an earlier or a later period were substituted. These factors influence the comparability of 1980–98 data with those of earlier years.

² Includes Department of Veterans Affairs (formerly Veterans Administration) (VA) neuropsychiatric hospitals, VA general hospital psychiatric services, and VA psychiatric outpatient clinics.

³ Includes freestanding psychiatric outpatient clinics, partial care organizations, and multiservice mental health organizations. Multiservice mental health organizations were redefined in 1984.

⁴ The survey format was changed in 1994 and partial care is now included with outpatient, and together are called “less than 24-hour care.”

Volume of Services

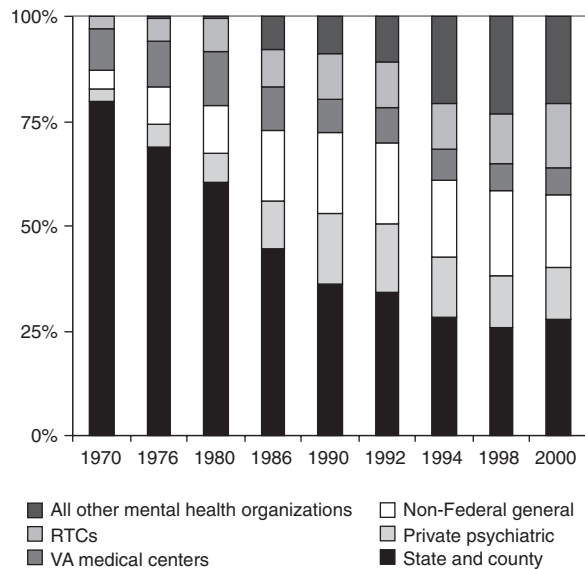


Figure 1. Percent Distribution of 24-Hour Hospital and Residential Treatment Beds, by Organization Type, 1970–2000.

eral hospital psychiatric inpatient services increased substantially between 1970 and 1990, with the greatest growth occurring between 1980 and 1990; throughout the 1990s, bed rates remained stable for non-Federal general hospitals but declined slightly between 1998 and 2000. In addition, bed rates for private psychiatric hospitals declined, although they remained above the rates for 1980 and earlier. The rate for RTCs was nearly flat from 1970 to 2000, while the rate for State mental hospitals and VA psychiatric organizations decreased substantially. The greatest increase from 1970 to 1998—from fewer than one bed per 100,000 population to 23 beds—occurred in the “all other mental health organizations” category, which includes the multiservice organizations (table 2). However, between 1998 and 2000, the bed rate for this category decreased to 16 beds.

In each of the years shown, the number of “scatter” beds in non-Federal general hospitals has been excluded. Scatter beds are those that are commingled with medical-surgical beds in non-Federal general hospitals, as distinguished from those that are in the separate psychiatric services of these hospitals.

Additions to 24-Hour Hospital and Residential Services

The number of 24-hour hospital and residential treatment additions increased steadily between 1969 and 1998, from 1,282,698 to 2,299,959, with a slight decrease between 1998 and 2000 to 2,152,874. There was a corresponding increase in the addition rate from 644 per 100,000 civilian population in 1969 to 875 in 1994. The addition rate decreased in both 1998 and 2000 to 855 and 768, respectively (see table 3). In 1969, three-quarters of the 24-hour hospital patients were about evenly divided between State mental hospitals and the psychiatric services of non-Federal general hospitals. A constant and precipitous decline in the number of additions and the addition rate to State mental hospitals from 1969 to 1998, accompanied by substantial increases in these measures for the 24-hour services at non-Federal general hospitals and private psychiatric hospitals, especially after 1979, shifted the volume of patient additions to these latter two organization types. By 2000, non-Federal general hospital inpatient psychiatric services accounted for nearly 50 percent and private psychiatric hospitals for 25 percent of all inpatient additions, while the proportion of State mental hospital inpatient additions increased slightly, from nine percent to 10 percent, from 1998 to 2000 (table 3). Among the other mental health organizations, RTCs showed a more or less steady gain in addition rates between 1969 and 1990, but they dipped in 1992, peaked in 1994, and then dipped slightly in both 1998 and 2000 (see figure 3). From 1979 to 1998, VA inpatient additions as a proportion of all additions have been decreasing, from 12 percent to 7 percent (table 3). However, between 1998 and 2000 this category had a slight increase to 9 percent.

Additions to Less Than 24-Hour Care Services

From 1969 to 2000, the number of less than 24-hour service additions to mental health organizations more than tripled, from 1,202,098 to 4,615,125, and the corresponding addition rate per 100,000 civilian population more than doubled, from 604 to 1,647 (see table 4). Much of this increase occurred during the 1970s, when the number and rate of outpatient additions increased substan-

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Table 2. Number, percent distribution, and rate¹ of 24-hour hospital and residential treatment beds, by type of mental health organization: United States, selected years, 1970–2000²

Type of organization	1970	1976	1980	1986	1990	1992	1994 ⁵	1998	2000
Number of 24-hour hospital and residential treatment beds									
All organizations	524,878	338,963	274,713	267,613	272,253	270,867	290,604	267,796	215,221
State and county mental hospitals	413,066	222,202	156,482	119,033	98,789	93,058	81,911	68,872	59,403
Private psychiatric hospitals	14,295	16,091	17,157	30,201	44,871	43,684	42,399	33,408	26,789
Non-Federal general hospitals with separate psychiatric services	22,394	28,706	29,384	45,808	53,479	52,059	52,984	54,434	37,692
VA medical centers ³	50,688	35,913	33,796	26,874	21,712	22,466	21,146	16,973	13,030
Federally funded community mental health centers	8,108	17,029	16,264	—	—	—	—	—	—
Residential treatment centers for emotionally disturbed children	15,129	18,029	20,197	24,547	29,756	30,089	32,110	31,965	33,421
All other organizations ⁴	1,198	993	1,433	21,150	23,646	29,511	60,054	62,144	44,886
Percent distribution of 24-hour hospital and residential treatment beds									
All organizations	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
State and county mental hospitals	78.7	65.6	57.0	44.5	36.3	34.4	28.2	25.7	27.6
Private psychiatric hospitals	2.7	4.7	6.2	11.3	16.5	16.1	14.6	12.5	12.4
Non-Federal general hospitals with separate psychiatric services	4.3	8.5	10.7	17.1	19.6	19.2	18.2	20.3	17.5
VA medical centers ³	9.7	10.6	12.3	10.0	8.0	8.3	7.3	6.3	6.1
Federally funded community mental health centers	1.5	5.0	5.9	—	—	—	—	—	—
Residential treatment centers for emotionally disturbed children	2.9	5.3	7.4	9.2	10.9	11.1	11.0	11.9	15.5
All other organizations ⁴	0.2	0.3	0.5	7.9	8.7	10.9	20.7	23.2	20.9
24-hour hospital and residential treatment beds per 100,000 civilian population									
All organizations	263.6	160.3	124.3	111.7	111.6	107.5	112.1	99.5	76.8
State and county mental hospitals	207.4	105.1	70.2	49.7	40.5	36.9	31.6	25.6	21.2
Private psychiatric hospitals	7.2	7.6	7.7	12.6	18.4	17.3	16.4	12.4	9.6
Non-Federal general hospitals with separate psychiatric services	11.2	13.6	13.7	19.1	21.9	20.7	20.4	20.2	13.4
VA medical centers ³	25.5	17.0	15.7	11.2	8.9	8.9	8.2	6.3	4.6
Federally funded community mental health centers	4.1	8.0	7.3	—	—	—	—	—	—
Residential treatment centers for emotionally disturbed children	7.6	8.5	9.1	10.3	12.2	11.9	12.4	11.9	11.9
All other organizations ⁴	0.6	0.5	0.6	8.8	9.7	11.7	23.2	23.1	16.0

Sources: Published and unpublished inventory data from the Survey and Analysis Branch, Division of State and Community Systems Development, Center for Mental Health Services. Sums of percentages or rates for institution types might not equal 100 percent or the overall rate because of rounding.

¹ The population used in the calculation of these rates is the January 1 civilian population of the United States for each year through 1998. The rates for 2000 are based on the decennial Census sample civilian population.

² Some organizations were reclassified as a result of changes in reporting procedures and definitions. For 1979–80, comparable data were not available for certain organization types and data for either an earlier or a later period were substituted. These factors influence the comparability of 1980–98 data with those of earlier years.

³ Includes Department of Veterans Affairs (formerly Veterans Administration) (VA) neuropsychiatric hospitals, VA general hospital psychiatric services, and VA psychiatric outpatient clinics.

⁴ Includes freestanding psychiatric outpatient clinics, partial care organizations, and multiservice mental health organizations. Multiservice mental health organizations were redefined in 1984.

⁵ The data for 1994 include residential supportive additions that were excluded in previous years. This is not material except for the category “all other organizations.”

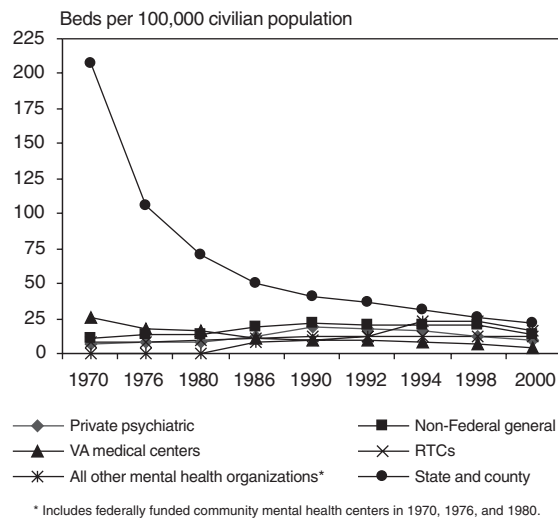


Figure 2. Rate of 24-Hour Hospital and Residential Treatment Beds, by Type of Mental Health Organization: United States, Selected Years, 1970–2000.

tially in the “all other mental health organizations” grouping, encompassing freestanding psychiatric outpatient clinics, federally funded community mental health centers (CMHCs), and other multi-service mental health organizations (see figure 4). Since 1979, the overall increase in additions to less than 24-hour services has moderated, and, in fact, a slight decrease is noted between 1990 and 1992, generated mainly by a substantial decrease in outpatient additions to non-Federal general hospital psychiatric services. The number of additions to these facilities resumed its increase in 1994.

“All other mental health organizations” now includes the freestanding outpatient and partial care clinics as well as the multiservice organizations. In 2000, this category had more than 2.6 million outpatient additions, down from about 2.9 million in 1998. The less than 24-hour additions in the non-Federal general hospital psychiatric services were second, with more than 1.2 million additions. Private psychiatric hospitals, RTCs, and the VA medical centers combined comprised more than half a million additions. Additions in State mental hospitals between 1998 and 2000 numbered more than 55,000. By category, the changes in number of 24-hour care additions since 1998 were mixed. Private psychiatric hospitals, non-Federal general hospital psychiatric services, VA medical centers, and RTCs showed increases, while State mental hospitals and

all other mental health organizations showed decreases.

Patients in 24-Hour Hospital and Residential Services

The number of 24-hour hospital and residential patients generally decreased from 1969 to 2000, with increases since the previous survey in 1986 and 1994 (see table 5). The 1994 increase was due entirely to the inclusion of residential supportive patients who had been excluded in previous years. Thus, the decline from 1994 to 2000 continued a trend that had begun after 1986. In 1969, 24-hour hospital and residential patients numbered 471,451, but by 1992 the number had declined to 214,714. The number in 2000 was 182,837. The rate per 100,000 civilian population decreased from 237 in 1969 to 65 in 2000. Much of the decrease occurred before 1979, when substantial reductions occurred in the number of resident patients in State mental hospitals and in VA medical center psychiatric inpatient services. The total resident patient count has continued to decline as decreases in the State mental hospital, VA medical center, and private psychiatric hospital resident patient populations have not been offset by the relatively stable numbers through 1998 in non-Federal general hospital psychiatric services and the increases in the number of RTCs and other organizations. VA medical center resident patient counts peaked in 1969, while private psychiatric hospital resident patient counts peaked in 1990; both categories continued to decrease throughout the 1990s and accounted for six percent and nine percent of patient counts, respectively, in 2000. In 1969, State mental hospitals accounted for the largest percentage of residents of psychiatric organizations, more than three-quarters. Their percentage of residents declined steadily, but they continued to treat more residential patients than any other type of treatment facility through 2000, when they were treating nearly 30 percent of residential patients.

Patient Care Episodes

Patient care episodes, unlike the other volume measures, provide an estimate of the number of persons under care throughout the year. They are defined as the number of persons receiving services at the beginning of the year in the 24-hour hospital and residential treatment and less than 24-hour

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Table 3. Number, percent distribution, and rate¹ of 24-hour hospital and residential treatment additions, by type of mental health organization: United States, selected years, 1969–2000²

Type of organization	1969	1975	1979	1986	1990	1992	1994 ⁵	1998	2000
Number of hospital and residential treatment additions									
All organizations	1,282,698	1,556,978	1,541,659	1,819,189	2,035,245	2,092,062	2,266,600	2,299,959	2,152,874
State and county mental hospitals	486,661	433,529	383,323	332,884	276,231	275,382	238,431	216,460	217,609
Private psychiatric hospitals	92,056	125,529	140,831	234,663	406,522	469,827	485,001	462,069	528,532
Non-Federal general hospitals with separate psychiatric services	478,000	543,731	551,190	849,306	959,893	951,121	1,066,547	1,109,730	1,022,440
VA medical centers ³	135,217	180,701	180,416	179,964	198,111	180,529	173,282	166,548	183,183
Federally funded community mental health centers	59,730	236,226	246,409	—	—	—	—	—	—
Residential treatment centers for emotionally disturbed children	7,596	12,022	15,453	24,511	41,588	36,388	46,704	44,930	48,077
All other organizations ⁴	23,438	25,240	24,037	197,861	152,900	178,815	256,635	300,222	153,033
Percent distribution of hospital and residential treatment additions									
All organizations	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
State and county mental hospitals	37.9	27.8	24.9	18.3	13.6	13.2	10.5	9.4	10.1
Private psychiatric hospitals	7.2	8.1	9.1	12.9	20.0	22.5	21.4	20.1	24.6
Non-Federal general hospitals with separate psychiatric services	37.3	34.9	35.8	46.7	47.2	45.5	47.1	48.2	47.5
VA medical centers ³	10.5	11.6	11.7	9.9	9.7	8.6	7.6	7.2	8.5
Federally funded community mental health centers	—	—	—	—	—	—	—	—	—
Residential treatment centers for emotionally disturbed children	0.6	0.8	1.0	1.3	2.0	1.7	2.1	2.0	2.2
All other organizations ⁴	1.8	1.6	1.6	10.9	7.5	8.5	11.3	13.1	7.1
Hospital and residential treatment additions per 100,000 civilian population									
All organizations	644.2	736.5	704.2	759.9	833.7	830.1	874.6	854.8	768.1
State and county mental hospitals	244.4	205.1	172.0	139.1	113.2	109.3	92.0	80.4	77.6
Private psychiatric hospitals	46.2	59.4	63.2	98.0	166.5	186.4	187.1	171.7	188.6
Non-Federal general hospitals with separate psychiatric services	240.1	257.2	256.7	354.8	393.2	377.4	411.5	412.4	364.8
VA medical centers ³	67.9	85.5	84.0	75.1	81.2	71.6	66.9	61.9	65.4
Federally funded community mental health centers	30.0	111.7	110.6	—	—	—	—	—	—
Residential treatment centers for emotionally disturbed children	3.8	5.7	6.9	10.2	17.0	14.4	18.0	16.7	17.2
All other organizations ⁴	11.8	11.9	10.8	82.7	62.6	70.9	99.0	111.6	54.6

Sources: Published and unpublished inventory data from the Survey and Analysis Branch, Division of State and Community Systems Development, Center for Mental Health Services. Sums of percentages or rates for institution types might not equal 100 percent or the overall rate because of rounding.

¹ The population used in the calculation of these rates is the January 1 civilian population of the United States for each year through 1998. The rates for 2000 are based on the decennial Census sample civilian population.

² Some organizations were reclassified as a result of changes in reporting procedures and definitions. For 1979–80, comparable data were not available for certain organization types and data for either an earlier or a later period were substituted. These factors influence the comparability of 1980–98 data with those of earlier years.

³ Includes Department of Veterans Affairs (formerly Veterans Administration) (VA) neuropsychiatric hospitals, VA general hospital psychiatric services, and VA psychiatric outpatient clinics.

⁴ Includes freestanding psychiatric outpatient clinics, partial care organizations, and multiservice mental health organizations. Multiservice mental health organizations were redefined in 1984.

⁵ The data for 1994 include residential supportive additions that were excluded in previous years. This is not material except for the category “all other organizations.”

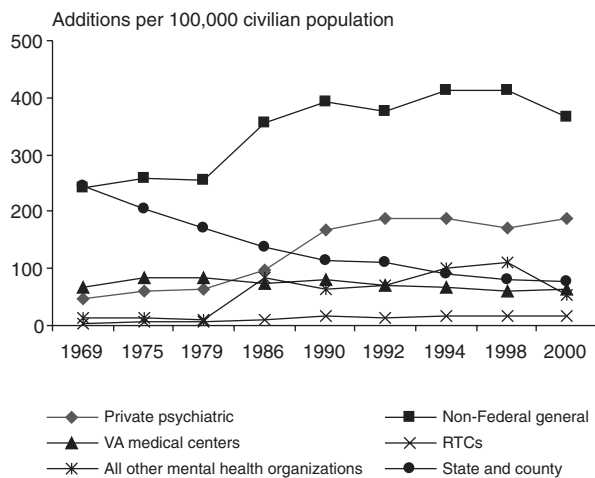


Figure 3. Rate of 24-Hour Hospital and Residential Treatment Additions, by Type of Mental Health Organization: United States, Selected Years, 1969–2000.

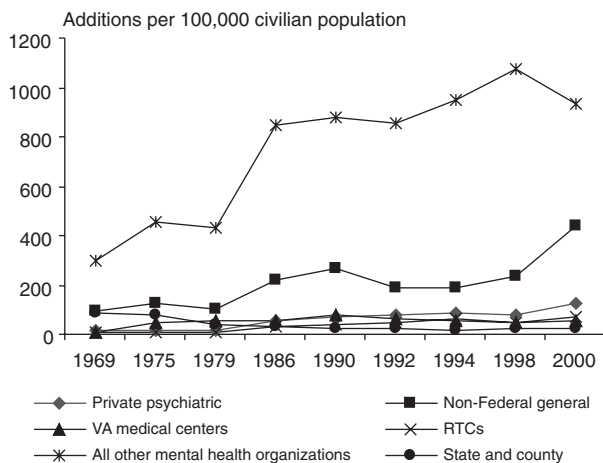


Figure 4. Rate of Less Than 24-Hour Care Additions, by Type of Mental Health Organization: United States, Selected Years, 1969–2000.

care services of mental health organizations plus the number of additions to these services throughout the year. They are a duplicated count in that persons can be admitted to more than one type of service or can be admitted to the same service more than once during the year.

The National Institute of Mental Health (NIMH) and CMHS have tracked patient care episodes since 1955. Over the ensuing 45 years, the locus of mental health care in the United States shift-

ed from inpatient to ambulatory services, as measured by the number of patient care episodes. Of the 1.7 million episodes in 1955, 77 percent were in 24-hour hospital services and 23 percent in less than 24-hour services; by 1971, there were 4.2 million episodes, of which 42 percent were in 24-hour hospital services and 58 percent in less than 24-hour hospital services; by 2000, of nearly 11 million episodes, 22 percent were in 24-hour hospital services and 78 percent were in less than 24-hour hospital services, almost exactly the reverse of the 1955 distribution (see table 6 and figure 5).

Along with the shift of patient care episodes from 24-hour hospital and residential treatment care to less than 24-hour services, a shift also occurred across organization types within these two services (Redick et al., 1994b). For example, State mental hospitals accounted for 63 percent of hospital and residential treatment episodes in 1955, compared with only 12 percent in 2000. Also in 2000, the majority of hospital and residential treatment care episodes were in private psychiatric hospitals (24 percent) and non-Federal general hospitals (46 percent; see figure 6). Compared with 2000, State mental hospitals and VA medical centers in 1955 saw a larger proportion of less than 24-hour care episodes. For example, State mental hospitals accounted for 11 percent of less than 24-hour care episodes in 1955 and one percent in 2000. Non-Federal general hospitals accounted for nine percent of these episodes in 1955 and 19 percent in 2000. The proportion of all other mental health organizations providing less than 24-hour care was higher in 1955 (80 percent) than in 2000 (69 percent; see figure 7).

Staffing of Mental Health Organizations

This section has been updated since the publication of *Mental Health, United States, 2000* with sample survey data from 1998 and inventory data on total staffing from 2000.

Concomitant with increases in the number of mental health organizations and patients served by these organizations, the number of FTE staff employed by such organizations increased steadily between 1972 and 1998, from 375,984 to 680,310 (see table 7). In 2000 the total staffing decreased to 580,285. Almost all of this increase was attributed to patient care staff, which increased from 241,265 to 531,532, and to professional patient care staff,

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Table 4. Number, percent distribution, and rate¹ of less than 24-hour care additions, by type of mental health organization: United States, selected years, 1969–2000²

Type of organization	1969	1975	1979	1986	1990	1992	1994	1998	2000
Number of less than 24-hour care additions									
All organizations	1,202,098	2,453,105	2,807,058	2,955,337	3,298,473	3,164,437	3,516,403	4,048,115	4,615,125
State and county mental hospitals	174,737	160,283	91,727	67,986	48,211	49,609	41,759	64,079	55,124
Private psychiatric hospitals	28,412	36,044	33,471	132,175	163,164	206,169	213,566	206,092	358,120
Non-Federal general hospitals with separate psychiatric services	188,652	268,881	237,008	532,960	658,567	479,596	497,523	627,903	1,241,754
VA medical centers ³	20,290	101,723	127,221	132,589	183,621	158,982	132,417	127,054	144,096
Federally funded community mental health centers	189,670	878,730	1,320,637	—	—	—	—	—	—
Residential treatment centers for emotionally disturbed children	8,591	23,215	22,172	67,344	99,503	121,131	167,344	128,271	204,103
All other mental organizations	591,746	984,229	974,822	2,022,283	2,145,407	2,148,950	2,463,794	2,894,716	2,611,928
Percent distribution of less than 24-hour care additions									
All organizations	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
State and county mental hospitals	14.5	6.5	3.3	2.3	1.5	1.6	1.2	1.6	1.2
Private psychiatric hospitals	2.4	1.5	1.2	4.5	4.9	6.5	6.1	5.1	7.8
Non-Federal general hospitals with separate psychiatric services	15.7	11.0	8.4	18.0	20.0	15.2	14.1	15.5	26.9
VA medical centers ³	1.7	4.1	4.5	4.5	5.6	5.0	3.8	3.1	3.1
Federally funded community mental health centers	15.8	35.8	47.0	—	—	—	—	—	—
Residential treatment centers for emotionally disturbed children	0.7	0.9	0.8	2.3	3.0	3.8	4.8	3.2	4.4
All other mental organizations	49.2	40.1	34.7	68.4	65.0	67.9	70.1	71.5	56.6
Less than 24-hour care additions per 100,000 civilian population									
All organizations	603.8	1,142.7	1,236.6	1,233.4	1,352.4	1,255.2	1,356.8	1,504.4	1,646.7
State and county mental hospitals	87.8	74.7	40.4	28.4	19.8	19.7	16.1	23.8	19.7
Private psychiatric hospitals	14.3	16.8	14.7	55.2	66.9	81.8	82.4	76.6	127.8
Non-Federal general hospitals with separate psychiatric services	94.8	125.3	104.4	222.4	270.0	190.2	192.0	233.4	443.1
VA medical centers ³	10.2	47.4	56.0	55.3	75.3	63.1	51.1	47.2	51.4
Federally funded community mental health centers	95.3	409.3	581.8	—	—	—	—	—	—
Residential treatment centers for emotionally disturbed children	4.3	10.8	9.8	28.1	40.8	48.0	64.6	47.7	72.8
All other mental organizations ⁴	297.2	458.5	429.4	844.0	879.6	852.4	950.7	1,075.8	931.9

Sources: Published and unpublished inventory data from the Survey and Analysis Branch, Division of State and Community Systems Development, Center for Mental Health Services. Sums of percentages or rates for institution types might not equal 100 percent or the overall rate because of rounding.

¹ The population used in the calculation of these rates is the January 1 civilian population of the United States for each year through 1998. The rates for 2000 are based on the decennial Census sample civilian population. Data for 1969–92 are the summation of partial care and outpatient care additions. The 1994 survey format was changed and partial care is now included with outpatient, and together are called “less than 24-hour care.”

² Some organizations were reclassified as a result of changes in reporting procedures and definitions. For 1979–80, comparable data were not available for certain organization types and data for either an earlier or a later period were substituted. These factors influence the comparability of 1980–98 data with those of earlier years.

³ Includes Department of Veterans Affairs (formerly Veterans Administration) (VA) neuropsychiatric hospitals, VA general hospital psychiatric services, and VA psychiatric outpatient clinics.

⁴ Includes freestanding psychiatric outpatient clinics, partial care organizations, and multiservice mental health organizations. Multiservice mental health organizations were redefined in 1984.

Table 5. Number, percent distribution, and rate¹ of 24-hour hospital and residential treatment residents, by type of mental health organization: United States, selected years, 1969–2000²

Type of organization	1969	1975	1979	1986	1990	1992	1994 ⁵	1998	2000
Number of hospital and residential treatment residents at end of year									
All organizations	471,451	284,158	230,216	237,845	226,953	214,714	236,110	221,216	182,837
State and county mental hospitals	369,969	193,436	140,355	111,135	90,572	83,180	72,096	63,765	54,808
Private psychiatric hospitals	10,963	11,576	12,921	24,591	32,268	24,053	26,519	20,804	17,259
Non-Federal general hospitals with separate psychiatric services	17,808	18,851	18,753	34,474	38,327	35,611	35,841	37,053	25,843
VA medical centers ³	51,696	31,850	28,693	24,322	17,233	18,531	18,019	14,329	11,802
Federally funded community mental health centers	5,270	10,818	10,112	—	—	—	—	—	—
Residential treatment centers for emotionally disturbed children	13,489	16,307	18,276	23,171	27,785	27,751	29,493	29,049	30,995
All other organizations ⁴	2,256	1,320	1,076	20,152	20,768	25,588	54,142	56,216	42,130
Percent distributions of hospital and residential treatment residents									
All organizations	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
State and county mental hospitals	78.5	68.1	61.0	46.7	39.9	38.7	30.5	28.8	30.0
Private psychiatric hospitals	2.3	4.1	5.6	10.3	14.2	11.2	11.2	9.4	9.4
Non-Federal general hospitals with separate psychiatric services	3.8	6.6	8.1	14.5	16.9	16.6	15.2	16.8	14.1
VA medical centers ³	11.0	11.2	12.5	10.2	7.6	8.6	7.6	6.5	6.5
Federally funded community mental health centers	—	—	—	—	—	—	—	—	—
Residential treatment centers for emotionally disturbed children	2.9	5.7	7.9	9.7	12.2	12.9	12.5	13.1	17.0
All other organizations ⁴	0.5	0.5	0.5	8.5	9.2	11.9	22.9	25.4	23.0
Hospital and residential treatment residents per 100,000 civilian population									
All organizations	236.8	134.4	103.9	99.6	93.0	85.2	91.1	82.2	65.2
State and county mental hospitals	185.8	91.5	63.0	46.5	37.1	33.0	27.8	23.7	19.6
Private psychiatric hospitals	5.5	5.5	5.8	10.3	13.2	9.5	10.2	7.7	6.2
Non-Federal general hospitals with separate psychiatric services	8.9	8.9	8.6	14.4	15.7	14.1	13.8	13.8	9.2
VA medical centers ³	26.0	15.1	13.3	10.2	7.1	7.4	7.0	5.3	4.2
Federally funded community mental health centers	2.7	5.1	4.5	—	—	—	—	—	—
Residential treatment centers for emotionally disturbed children	6.8	7.7	8.2	9.7	11.4	11.0	11.4	10.8	11.1
All other organizations ⁴	1.1	0.6	0.5	8.5	8.5	10.2	20.9	20.9	15.0

Sources: Published and unpublished inventory data from the Survey and Analysis Branch, Division of State and Community Systems Development, Center for Mental Health Services. Sums of percentages or rates for institution types might not equal 100 percent or the overall rate because of rounding.

¹ The population used in the calculation of these rates is the January 1 civilian population of the United States for each year through 1998. The rates for 2000 are based on the decennial Census sample civilian population.

² Some organizations were reclassified as a result of changes in reporting procedures and definitions. For 1979–80, comparable data were not available for certain organization types and data for either an earlier or a later period were substituted. These factors influence the comparability of 1980–98 data with those of earlier years.

³ Includes Department of Veterans Affairs (formerly Veterans Administration) (VA) neuropsychiatric hospitals, VA general hospital psychiatric services, and VA psychiatric outpatient clinics.

⁴ Includes freestanding psychiatric outpatient clinics, partial care organizations, and multiservice mental health organizations. Multiservice mental health organizations were redefined in 1984.

⁵ The number of residents increased in 1994 because all residential treatment and residential supportive patient residents were combined with 24-hour care hospital residents; previously, residential supportive patients were excluded.

Table 6. Number and percent distribution of hospital and residential treatment care and less than 24-hour care episodes in mental health organizations: United States (excluding territories), selected years, 1955–2000

Year	Total episodes	24-hour hospital and residential treatment care episodes ¹	Less than 24-hour care episodes
Number			
2000	10,741,243	2,335,711	8,405,532
1998	10,549,951	2,521,175	8,028,776
1994	9,584,216	2,502,166	7,082,050
1992	8,824,701	2,322,374	6,502,307
1990	8,620,628	2,266,022	6,354,606
1986	7,885,618	2,055,571	5,830,047
1983	7,194,038	1,860,613	5,333,425
1975	6,857,597	1,817,108	5,040,489
1971	4,190,913	1,755,816	2,435,097
1969	3,682,454	1,710,372	1,972,082
1965	2,636,525	1,565,525	1,071,000
1955	1,675,352	1,296,352	379,000
Percent distribution			
2000	100.0	21.7	78.3
1998	100.0	23.9	76.1
1994	100.0	26.1	73.9
1992	100.0	26.3	73.7
1990	100.0	26.3	73.7
1986	100.0	26.1	73.9
1983	100.0	25.9	74.1
1975	100.0	26.5	73.5
1971	100.0	41.9	58.1
1969	100.0	46.4	53.6
1965	100.0	59.4	40.6
1955	100.0	77.4	22.6

Sources: Published and unpublished inventory data from the Survey and Analysis Branch, Division of State and Community Systems Development, Center for Mental Health Services.

¹ The data for 1994 include residential supportive additions that were excluded in previous years. This is not new material except for the category “all other organizations.”

which increased from 100,886 to 304,449 during this period.

In 1972, professional patient care staff comprised about 27 percent of all FTE staff, compared with 45 percent of all FTE staff in 1998 (see figure 8). Among the professional patient care staff disciplines, the largest gains over the 26-year period were noted for psychiatrists, psychologists, social workers, registered nurses, and other mental health professionals. Other mental health professionals increased more than fourfold during that period (table 7). By contrast, the number of other workers (with

less than a B.A.) employed in mental health organizations showed a variable pattern of increases and decreases between 1972 and 1998, with a larger number reported in 1998 (227,083) than in 1972 (140,379). The number of FTE administrative, clerical, and maintenance staff increased from 134,719 to 148,778 in that period (table 7).

As a percentage of all FTE staff, other mental health workers dropped from 37 percent in 1972 to 33 percent in 1998. The administrative and support staff declined from 36 percent in 1972 to 22 percent in 1998 (table 7).

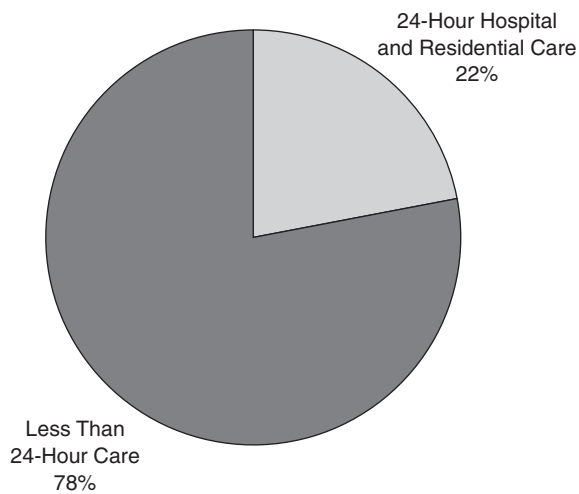


Figure 5. Patient Care Episodes in Mental Health Organizations in 1955 and 2000 (10.7 Million Patient Care Episodes).

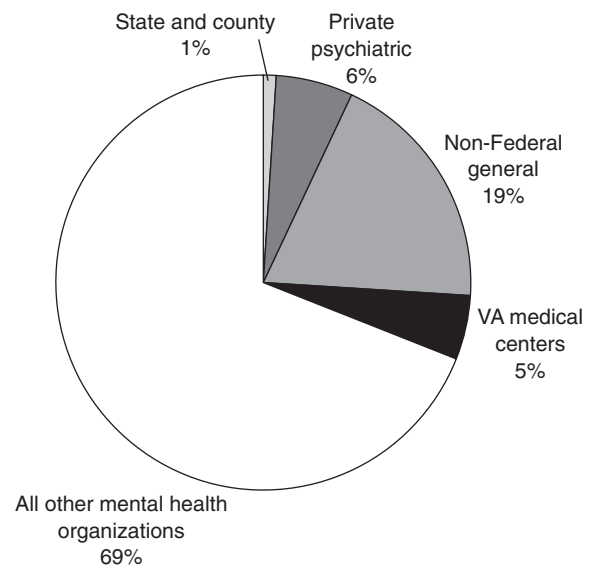


Figure 7. Less Than 24-Hour Patient Care Episodes by Type of Organization in 1955 and 2000 (8.0 Million Episodes).

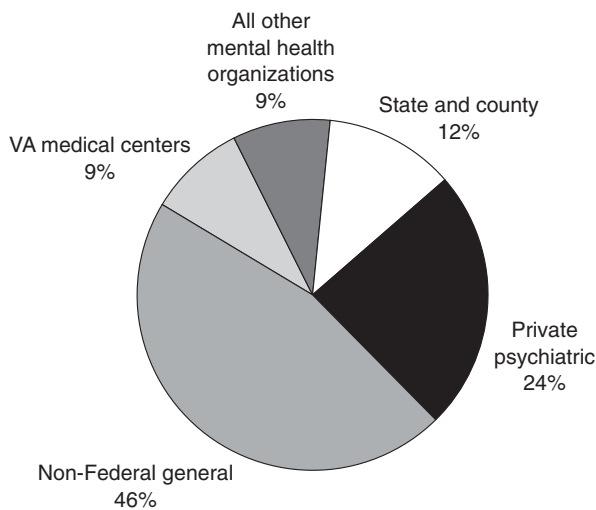


Figure 6. 24-Hour Hospital and Residential Treatment Care Episodes in Mental Health Organizations in 1955 and 2000 (2.3 Million Episodes).

The mental health organization types that showed the largest proportional increases in number between 1972 and 1998 were private psychiatric hospitals, non-Federal general hospitals with separate psychiatric services, RTCs, and “all other mental health organizations,” which accounted for all of the increases in total FTE staff among mental health organizations during this period (tables 7a–f).

Financing of Services

This section has been updated since the publication of *Mental Health, United States, 2000* with sample survey data on resources and expenditures for 1998.

Expenditures

Total expenditures by mental health organizations in the United States, as measured in current dollars, increased more than eleven fold between 1969 and 1998, from \$3.3 billion to \$38.5 billion. However, between 1998 and 2000 total expenditures declined to slightly less than \$33 billion. Additionally, when adjustments were made for inflation, that is, when expenditures were expressed in constant dollars (1969 = 100), total expenditures rose from \$3.3 billion in 1969, peaked at slightly more than \$5 billion in 1998, and declined to slightly more than \$4 billion in 2000. This increase was not a monotonic increase over the period (see figure 9 and tables 8a and 8b). Only \$740 million, or two percent of the nearly \$30 billion increase in current dollar expenditures between 1969 and 2000, represented an increase in purchasing power; the remaining 98 percent was due to inflation.

Section VI: National Mental Health Statistics

Table 7. Number and percent distribution of full-time equivalent staff¹ in all mental health organizations by staff discipline: United States, selected years, 1972–1998²

Staff discipline	1972	1976	1978	1986 ^{2,3}	1990	1992	1994	1998
Number of FTE staff								
All staff	375,984	373,969	430,051	494,515	563,619	585,972	577,669	680,310
Patient care staff	241,265	251,756	292,699	346,630	415,719	432,866	370,635	531,532
Professional patient care staff	100,886	117,190	153,598	232,481	273,374	305,988	225,250	304,449
Psychiatrists	12,938	12,896	14,492	17,874	18,818	22,803	20,242	28,374
Other physicians	3,991	3,055	3,034	3,868	3,865	3,949	2,692	3,561
Psychologists ⁴	9,443	10,587	16,501	20,210	22,825	25,000	14,050	28,729
Social workers	17,687	18,927	28,125	40,951	53,375	57,136	41,326	72,367
Registered nurses	31,110	33,981	42,399	66,180	77,635	78,588	82,620	78,562
Other mental health professionals	17,514	27,977	39,363	56,245	84,071	102,162	57,982	78,854
Physical health professionals and assistants	8,203	9,767	9,684	27,153	12,785	16,350	6,338	14,002
Other mental health workers ⁵	140,379	134,566	139,101	114,149	142,345	126,878	145,385	227,083
Administrative, clerical, and maintenance staff	134,719	122,213	137,352	147,885	147,900	153,106	207,034	148,778
Percent distribution of FTE staff								
All staff	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Patient care staff	64.2	67.3	68.1	70.1	73.8	73.9	64.2	78.1
Professional patient care staff	26.8	31.3	35.7	47.0	48.5	52.2	39.0	44.8
Psychiatrists	3.4	3.4	3.4	3.6	3.3	3.9	3.5	4.2
Other physicians	1.1	0.8	0.7	0.8	0.7	0.7	0.5	0.5
Psychologists ⁴	2.5	2.8	3.8	4.1	4.0	4.3	2.4	4.2
Social workers	4.7	5.1	6.5	8.3	9.5	9.8	7.2	10.6
Registered nurses	8.3	9.1	9.9	13.4	13.8	13.4	14.3	11.5
Other mental health professionals	4.7	7.5	9.2	11.4	14.9	17.4	10.0	11.6
Physical health professionals and assistants	2.2	2.6	2.3	5.5	2.3	2.8	1.1	2.1
Other mental health workers ⁵	37.3	36.0	32.3	23.1	25.3	21.7	25.2	33.4
Administrative, clerical, and maintenance staff	35.8	32.7	31.9	29.9	26.2	26.1	35.8	21.9

Sources: Published and unpublished inventory data from the Survey and Analysis Branch, Division of State and Community Systems Development, Center for Mental Health Services.

¹ The computation of full-time equivalent staff is based on a 40-hour work week.

² For 1986 some organizations had been reclassified as a result of changes in reporting procedures and definitions.

³ Includes data for CMHCs in 1978. In 1986, 1990, 1992, and 1994, these staff are subsumed under other organizations types. Data for CMHCs are not shown separately.

⁴ For 1972–78, this category included all psychologists with a B.A. degree and above; for 1986–94, it included only psychologists with an M.A. degree and above.

⁵ Workers in this category have less than a B.A. degree.

Table 7a. Number and percent distribution of full-time equivalent staff¹ in State and county mental hospitals, by staff discipline: United States, selected years, 1972–1998

Staff discipline	1972	1976	1978	1986	1990	1992	1994	1998
Number of FTE staff								
All staff	223,886	219,006	205,289	182,466	175,566	171,745	148,415	116,387
Patient care staff	138,307	141,127	131,187	119,073	114,198	110,874	99,145	81,766
Professional patient care staff	38,516	46,596	45,131	54,853	50,035	56,953	38,480	36,167
Psychiatrists	4,389	4,333	3,712	3,762	3,849	4,457	3,442	2,902
Other physicians	2,440	2,047	1,809	1,917	1,962	2,126	1,467	1,209
Psychologists ²	2,484	3,039	3,149	3,412	3,324	3,620	2,699	2,660
Social workers	5,324	5,948	5,924	6,238	7,013	7,378	5,276	4,185
Registered nurses	13,353	15,098	14,859	19,425	20,848	21,119	16,918	17,214
Other mental health professionals	5,890	10,551	10,492	8,033	8,955	11,527	5,450	4,332
Physical health professionals and assistants	4,636	5,580	5,186	12,066	4,084	6,726	3,228	3,666
Other mental health workers ³	99,791	94,531	86,056	64,220	64,163	53,921	60,664	45,599
Administrative, clerical, and maintenance staff	85,579	77,879	74,102	63,393	61,368	60,871	49,270	34,621
Percent distribution of FTE staff								
All staff	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Patient care staff	61.8	64.4	63.9	65.3	65.0	64.6	66.8	70.2
Professional patient care staff	17.2	21.3	22.0	30.1	28.5	33.2	25.9	31.1
Psychiatrists	2.0	2.0	1.8	2.1	2.2	2.6	2.3	2.5
Other physicians	1.1	0.9	0.9	1.1	1.1	1.2	1.0	1.0
Psychologists ²	1.1	1.4	1.5	1.9	1.9	2.1	1.8	2.3
Social workers	2.4	2.7	2.9	3.4	4.0	4.3	3.6	3.6
Registered nurses	6.0	6.9	7.2	10.6	11.9	12.3	11.4	14.8
Other mental health professionals	2.6	4.8	5.1	4.4	5.1	6.7	3.7	3.7
Physical health professionals and assistants	2.1	2.5	2.5	6.6	2.3	3.9	2.2	3.1
Other mental health workers ³	44.6	43.2	41.9	35.2	36.5	31.4	40.9	39.2
Administrative, clerical, and maintenance staff	38.2	35.6	36.1	34.7	35.0	35.4	33.2	29.7

Sources: Published and unpublished inventory data from the Survey and Analysis Branch, Division of State and Community Systems Development, Center for Mental Health Services.

¹ The computation of full-time equivalent staff is based on a 40-hour work week.

² For 1972–1978, this category included all psychologists with a B.A. degree and above; for 1986–1994, it included only psychologists with an M.A. degree and above.

³ Workers in this category have less than a B.A. degree.

Section VI: National Mental Health Statistics

Table 7b. Number and percent distribution of full-time equivalent staff¹ in private psychiatric hospitals, by staff discipline: United States, selected years, 1972–1998

Staff discipline	1972	1976	1978	1986	1990	1992	1994	1998
Number of FTE staff								
All staff	21,504	27,655	29,972	58,912	75,392	77,251	71,906	56,842
Patient care staff	11,329	17,196	18,728	35,480	57,200	56,877	20,388	40,608
Professional patient care staff	5,735	9,879	11,419	27,246	45,669	44,206	14,132	26,004
Psychiatrists	1,067	1,369	1,285	1,554	1,582	2,081	1,367	1,844
Other physicians	101	162	185	141	316	147	160	356
Psychologists ²	305	559	590	1,557	1,977	1,656	708	1,074
Social workers	418	784	920	2,893	4,044	4,587	1,963	3,830
Registered nurses	2,634	3,395	3,967	10,147	14,819	15,086	5,161	10,443
Other mental health professionals	857	2,794	3,644	7,478	17,358	15,303	3,563	7,465
Physical health professionals and assistants	353	816	828	3,476	5,573	5,346	1,210	993
Other mental health workers ³	5,594	7,317	7,309	8,234	11,531	12,671	6,256	14,604
Administrative, clerical, and maintenance staff	10,175	10,459	11,244	23,432	18,192	20,374	51,518	16,235
Percent distribution of FTE staff								
All staff	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Patient care staff	52.7	62.2	62.5	60.2	75.9	73.6	28.4	71.4
Professional patient care staff	26.7	35.7	38.1	46.2	60.6	57.2	19.7	45.7
Psychiatrists	5.0	5.0	4.3	2.6	2.1	2.7	1.9	3.2
Other physicians	0.5	0.6	0.6	0.2	0.4	0.2	0.2	0.6
Psychologists ²	1.4	2.0	2.0	2.6	2.6	2.1	1.0	1.9
Social workers	1.9	2.8	3.1	4.9	5.4	5.9	2.7	6.7
Registered nurses	12.2	12.3	13.2	17.2	19.7	19.5	7.2	18.4
Other mental health professionals	4.0	10.1	12.2	12.7	23.0	19.8	5.0	13.1
Physical health professionals and assistants	1.6	3.0	2.8	5.9	7.4	6.9	1.7	1.7
Other mental health workers ³	26.0	26.5	24.4	14.0	15.3	16.4	8.7	25.7
Administrative, clerical, and maintenance staff	47.3	37.8	37.5	39.8	24.1	26.4	71.6	28.6

Sources: Published and unpublished inventory data from the Survey and Analysis Branch, Division of State and Community Systems Development, Center for Mental Health Services.

¹ The computation of full-time equivalent staff is based on a 40-hour work week.

² For 1972–1978, this category included all psychologists with a B.A. degree and above; for 1986–1994, it included only psychologists with an M.A. degree and above.

³ Workers in this category have less than a B.A. degree.

Table 7c. Number and percent distribution of full-time equivalent staff¹ in the separate psychiatric services of non-Federal general hospitals, by staff discipline: United States, selected years, 1972–1998

Staff discipline	1972	1976	1978	1986	1990	1992	1994	1998
Number of FTE staff								
All staff	30,982	39,621	40,908	70,187	80,625	81,819	80,532	96,639
Patient care staff	25,385	33,969	34,966	61,148	72,214	72,880	75,231	84,974
Professional patient care staff	15,565	21,231	22,401	50,233	57,019	58,544	64,264	60,375
Psychiatrists	3,394	3,933	3,583	6,009	6,500	6,160	4,920	8,158
Other physicians	452	180	237	671	585	353	369	545
Psychologists ²	1,100	1,356	1,512	2,983	3,951	4,182	2,245	2,946
Social workers	1,904	2,515	2,552	5,634	7,241	7,985	5,198	13,560
Registered nurses	6,922	9,445	10,611	23,454	28,473	28,355	45,968	27,253
Other mental health professionals	1,519	3,394	3,583	7,658	9,643	10,812	5,089	5,584
Physical health professionals and assistants	274	408	323	3,824	626	697	475	2,330
Other mental health workers ³	10,270	12,738	12,565	10,915	15,195	14,336	10,968	24,599
Administrative, clerical, and maintenance staff	5,147	5,652	5,942	9,039	8,411	8,939	5,301	11,665
Percent distribution of FTE staff								
All staff	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Patient care staff	81.9	85.7	85.5	87.1	89.6	89.1	93.4	87.9
Professional patient care staff	50.2	53.6	54.8	71.6	70.7	71.6	79.8	62.4
Psychiatrists	11.0	9.9	8.8	8.6	8.1	7.5	6.1	8.4
Other physicians	1.5	0.5	0.6	1.0	0.7	0.4	0.5	0.6
Psychologists ²	3.6	3.4	3.7	4.3	4.9	5.1	2.8	3.0
Social workers	6.1	6.3	6.2	8.0	9.0	9.8	6.5	14.0
Registered nurses	22.3	23.8	25.9	33.4	35.3	34.7	57.1	28.2
Other mental health professionals	4.9	8.6	8.8	10.9	12.0	13.2	6.3	5.8
Physical health professionals and assistants	0.9	1.0	0.8	5.4	0.8	0.9	0.6	2.4
Other mental health workers ³	33.1	32.1	30.7	15.6	18.8	17.5	13.6	25.5
Administrative, clerical, and maintenance staff	16.6	14.3	14.5	12.9	10.4	10.9	6.6	12.1

Sources: Published and unpublished inventory data from the Survey and Analysis Branch, Division of State and Community Systems Development, Center for Mental Health Services.

¹ The computation of full-time equivalent staff is based on a 40-hour work week.

² For 1972–1978, this category included all psychologists with a B.A. degree and above; for 1986–1994, it included only psychologists with an M.A. degree and above.

³ Workers in this category have less than a B.A. degree.

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Table 7d. Number and percent distribution of full-time equivalent staff¹ in VA medical centers, by staff discipline: United States, selected years, 1972–1998

Staff discipline	1972	1976	1978	1986	1990	1992	1994	1998
Number of FTE staff								
All staff	42,152	39,963	40,785	33,376	29,741	24,345	22,788	22,731
Patient care staff	24,523	25,226	26,282	23,559	22,080	20,834	21,569	18,587
Professional patient care staff	12,315	13,129	13,954	17,782	14,619	16,274	17,871	14,531
Psychiatrists	902	1,320	1,471	2,245	2,103	3,403	6,676	4,650
Other physicians	626	504	531	555	464	486	212	92
Psychologists ²	895	1,134	1,255	1,439	1,476	2,479	623	2,149
Social workers	1,098	1,412	1,620	1,680	1,855	2,244	1,759	1,974
Registered nurses	4,713	4,503	5,326	6,761	5,888	5,485	8,125	5,088
Other mental health professionals	1,497	1,812	1,748	1,423	1,322	1,266	186	279
Physical health professionals and assistants	2,584	2,444	2,003	3,679	1,511	911	290	299
Other mental health workers ³	12,208	12,097	12,328	5,777	7,461	4,560	3,697	4,057
Administrative, clerical, and maintenance staff	17,629	14,737	14,503	9,817	7,661	3,511	1,219	4,143
Percent distribution of FTE staff								
All staff	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Patient care staff	58.2	63.1	64.4	70.6	74.2	85.6	94.7	81.8
Professional patient care staff	29.2	32.9	34.2	53.3	49.2	66.8	78.4	63.9
Psychiatrists	2.1	3.3	3.6	6.7	7.1	14.0	29.3	20.5
Other physicians	1.5	1.3	1.3	1.7	1.6	2.0	0.9	0.4
Psychologists ²	2.1	2.8	3.1	4.3	5.0	10.2	2.7	9.5
Social workers	2.6	3.5	4.0	5.0	6.2	9.2	7.7	8.7
Registered nurses	11.2	11.3	13.1	20.3	19.8	22.5	35.7	22.4
Other mental health professionals	3.6	4.5	4.3	4.3	4.4	5.2	0.8	1.2
Physical health professionals and assistants	6.1	6.1	4.9	11.0	5.1	3.7	1.3	1.3
Other mental health workers ³	29.0	30.3	30.2	17.3	25.1	18.7	16.2	17.8
Administrative, clerical, and maintenance staff	41.8	36.9	35.6	29.4	25.8	14.4	5.3	18.2

Sources: Published and unpublished inventory data from the Survey and Analysis Branch, Division of State and Community Systems Development, Center for Mental Health Services.

¹ The computation of full-time equivalent staff is based on a 40-hour work week.

² For 1972–1978, this category included all psychologists with a B.A. degree and above; for 1986–1994, it included only psychologists with an M.A. degree and above.

³ Workers in this category have less than a B.A. degree.

Table 7e. Number and percent distribution of full-time equivalent staff¹ in residential treatment centers for emotionally disturbed children, by staff discipline: United States, selected years, 1972–1998

Staff discipline	1972	1976	1978	1986	1990	1992	1994	1998
Number of FTE staff								
All staff	17,025	19,352	22,443	34,569	53,220	55,678	59,011	69,703
Patient care staff	11,299	13,824	16,464	25,146	40,969	42,801	51,725	58,087
Professional patient care staff	6,738	8,990	10,824	17,599	26,032	30,207	29,765	27,833
Psychiatrists	147	149	140	335	498	748	283	273
Other physicians	34	27	22	86	101	126	52	18
Psychologists ²	354	434	497	911	1,492	1,641	961	1,947
Social workers	1,653	1,778	2,196	4,585	5,636	6,506	3,843	6,055
Registered nurses	244	301	324	746	1,238	1,367	858	2,587
Other mental health professionals	4,177	6,072	7,359	9,435	16,765	18,970	23,608	14,475
Physical health professionals and assistants	129	229	286	1,501	302	849	160	2,480
Other mental health workers ³	4,561	4,834	5,640	7,547	14,937	12,594	21,960	30,253
Administrative, clerical, and maintenance staff	5,726	5,528	5,979	9,423	12,251	12,877	7,286	11,616
Percent distribution of FTE staff								
All staff	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Patient care staff	66.4	71.4	73.4	72.7	77.0	76.9	87.7	83.3
Professional patient care staff	39.6	46.5	48.2	50.9	48.9	54.3	50.4	39.9
Psychiatrists	0.9	0.8	0.6	1.0	0.9	1.3	0.5	0.4
Other physicians	0.2	0.1	0.1	0.2	0.2	0.2	0.1	0.0
Psychologists ²	2.1	2.2	2.2	2.6	2.8	2.9	1.6	2.8
Social workers	9.7	9.2	9.8	13.3	10.6	11.7	6.5	8.7
Registered nurses	1.4	1.6	1.4	2.2	2.3	2.5	1.5	3.7
Other mental health professionals	24.5	31.4	32.8	27.3	31.5	34.1	40.0	20.8
Physical health professionals and assistants	0.8	1.2	1.3	4.3	0.6	1.5	0.3	3.6
Other mental health workers ³	26.8	25.0	25.1	21.8	28.1	22.6	37.2	43.4
Administrative, clerical, and maintenance staff	33.6	28.6	26.6	27.3	23.0	23.1	12.3	16.7

Sources: Published and unpublished inventory data from the Survey and Analysis Branch, Division of State and Community Systems Development, Center for Mental Health Services.

¹ The computation of full-time equivalent staff is based on a 40-hour work week.

² For 1972–1978, this category included all psychologists with a B.A. degree and above; for 1986–1994, it included only psychologists with an M.A. degree and above.

³ Workers in this category have less than a B.A. degree.

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Table 7f. Number and percent distribution of full-time equivalent staff¹ in all other mental health organizations², by staff discipline: United States, selected years, 1972–1998

Staff discipline	1972	1976	1978	1986	1990	1992	1994	1998
Number of FTE staff								
All staff	20,774	28,372	33,430	33,430	115,005	149,075	195,018	318,008
Patient care staff	14,831	20,414	23,861	23,861	82,224	109,058	102,578	247,510
Professional patient care staff	12,879	17,365	20,263	20,263	64,768	80,000	60,738	139,538
Psychiatrists	1,815	1,792	1,781	1,781	3,969	4,286	3,554	10,548
Other physicians	127	135	83	83	498	437	432	1,342
Psychologists ²	2,811	4,065	4,565	4,565	9,908	10,605	6,814	17,954
Social workers	4,979	6,490	7,593	7,593	19,921	27,586	23,287	42,763
Registered nurses	958	1,239	1,355	1,355	5,647	6,369	5,590	15,977
Other mental health professionals	1,978	3,354	4,521	4,521	22,218	30,028	20,086	46,719
Physical health professionals and assistants	211	290	365	365	2,607	689	975	4,234
Other mental health workers ³	1,952	3,049	3,598	3,598	17,456	29,058	41,840	107,972
Administrative, clerical, and maintenance staff	5,942	7,958	9,569	9,569	32,781	40,017	92,440	70,498
Percent distribution of FTE staff								
All staff	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Patient care staff	71.4	72.0	71.4	71.4	71.5	73.2	52.6	77.8
Professional patient care staff	62.0	61.2	60.6	60.6	56.3	53.7	31.1	43.9
Psychiatrists	8.7	6.3	5.3	5.3	3.5	2.9	1.8	3.3
Other physicians	0.6	0.5	0.2	0.2	0.4	0.3	0.2	0.4
Psychologists ²	13.5	14.3	13.7	13.7	8.6	7.1	3.5	5.6
Social workers	24.0	22.9	22.7	22.7	17.3	18.5	11.9	13.4
Registered nurses	4.6	4.4	4.1	4.1	4.9	4.3	2.9	5.0
Other mental health professionals	9.5	11.8	13.5	13.5	19.3	20.1	10.3	14.7
Physical health professionals and assistants	1.0	1.0	1.1	1.1	2.3	0.5	0.5	1.3
Other mental health workers ³	9.4	10.7	10.8	10.8	15.2	19.5	21.5	34.0
Administrative, clerical, and maintenance staff	28.6	28.0	28.6	28.6	28.5	26.8	47.4	22.2

Sources: Published and unpublished inventory data from the Survey and Analysis Branch, Division of State and Community Systems Development, Center for Mental Health Services.

¹ The computation of full-time equivalent staff is based on a 40-hour work week.

² For 1972–1978, this category included all psychologists with a B.A. degree and above; for 1986–1994, it included only psychologists with an M.A. degree and above.

³ Workers in this category have less than a B.A. degree.

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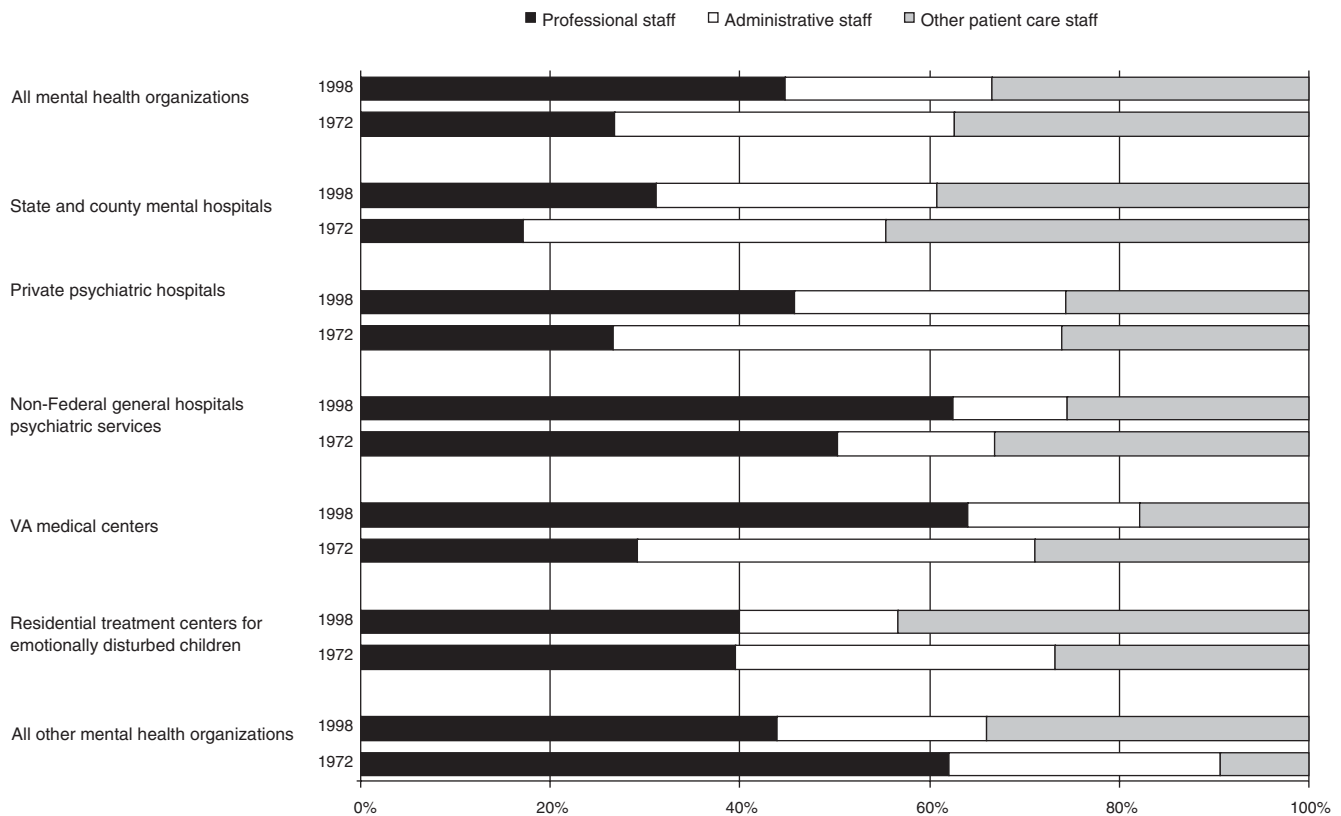


Figure 8. Percent Distribution of Full-Time Professional, Administrative, and Other Patient Care Staff in Mental Health Organizations in the United States, 1972 and 1998.

All the specific organization types registered increases in current dollar expenditures between 1969 and 2000, but private psychiatric hospitals declined in 1992, 1998, and 2000; State mental hospitals have declined since 1994; VA medical centers showed declines in 1994, peaked in 1998, and declined again in 2000; and all other mental health organizations declined in 2000 (table 8a). (However, the per capita rates also show a decline between 1998 and 2000 for all types of organizations except non-Federal general hospitals with psychiatric services; see table 8a and figure 10). Although several organization types showed gains in 1998, when measured in constant dollars, all organizations showed no gains between 1998 and 2000 (see figure 11). As a result, the proportionate share of total expenditures changed significantly between 1969 and 2000 for some of the organization types. For example, State mental hospitals and VA medical centers comprised only 20 and four percent of total expenditures, respectively, in 2000, compared with 55 and 14 percent, respectively, in 1969; private psychiatric hospitals, separate psychiatric services of

non-Federal general hospitals, and all other mental health organizations comprised 11, 18, and 36 percent, respectively, in 2000, compared with 7, 9, and 7 percent, respectively, in 1969 (see table 8b and figure 12).

Trends in per capita expenditures (the amount of expenditures per person in the civilian population of the United States) followed patterns similar to those noted above for the absolute expenditures among the various types of mental health organizations between 1969 and 2000. Only non-Federal general hospitals, RTCs, and all other mental health organizations showed consistent per capita expenditure increases throughout the period from 1969 to 1998. However, both RTCs and all other mental health organizations declined between 1998 and 2000. State mental hospitals, private psychiatric hospitals, and VA medical centers all had declining per capita expenditures beginning in 1992. Of these, only State mental hospitals declined straight through 2000 (see table 8a). When expressed in constant dollars, total per capita expenditures had an inconsistent net decline of \$2.14 between 1969 and

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Table 8a. Amount, percent distribution, and rate per capita¹ of expenditures in current dollars, by type of mental health organization: United States, selected years, 1969–2000²

Type of organization	1969	1975	1979	1986	1990	1992	1994	1998	2000
Expenditures in thousands of dollars									
All organizations	3,292,563	6,564,312	8,763,795	18,457,741	28,410,261	29,765,202	33,136,440	38,512,290	32,966,178
State and county mental hospitals	1,814,101	3,185,049	3,756,754	6,325,844	7,774,482	7,970,163	7,824,661	7,117,009	6,731,825
Private psychiatric hospitals	220,026	466,720	743,037	2,629,009	6,101,063	5,301,940	6,468,184	4,105,741	3,642,474
Non-Federal general hospitals with separate psychiatric services	298,000	621,284	722,868	2,877,739	4,661,574	5,192,984	5,344,188	5,589,434	5,868,143
VA medical centers ³	450,000	699,027	848,469	1,337,943	1,480,082	1,529,745	1,386,213	1,689,572	1,159,355
Federally funded community mental health centers	143,491	775,580	1,480,890	—	—	—	—	—	—
Residential treatment centers for emotionally disturbed children	122,711	278,950	436,246	977,616	1,969,283	2,167,324	2,360,363	3,556,955	3,600,290
All other mental organizations ⁴	244,234	537,702	775,531	4,309,590	6,423,777	7,603,066	9,752,831	16,453,579	11,964,091
Percent distribution of expenditures									
All organizations	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
State and county mental hospitals	55.1	48.5	42.9	34.3	27.4	26.8	23.6	18.5	20.4
Private psychiatric hospitals	6.7	7.1	8.5	14.2	21.5	17.8	19.5	10.7	11.0
Non-Federal general hospitals with separate psychiatric services	9.1	9.5	8.2	15.6	16.4	17.4	16.1	14.5	17.8
VA medical centers ³	13.7	10.6	9.7	7.2	5.2	5.1	4.2	4.4	3.5
Federally funded community mental health centers	4.4	11.8	16.9	—	—	—	—	—	—
Residential treatment centers for emotionally disturbed children	3.7	4.2	5.0	5.3	6.9	7.3	7.1	9.2	10.9
All other mental organizations ⁴	7.4	8.2	8.8	23.3	22.6	25.5	29.4	42.7	36.3
Expenditures per capita civilian population									
All organizations	16.53	31.05	39.61	77.10	116.39	116.69	127.86	143.13	117.62
State and county mental hospitals	9.11	15.06	16.86	26.43	31.85	31.25	30.19	26.45	24.02
Private psychiatric hospitals	1.10	2.21	3.34	10.98	24.99	20.78	24.96	15.26	13.00
Non-Federal general hospitals with separate psychiatric services	1.50	2.94	3.37	12.02	19.10	20.36	20.62	20.77	20.94
VA medical centers ³	2.26	3.31	3.95	5.59	6.06	6.00	5.35	6.28	4.14
Federally funded community mental health centers	0.72	3.67	6.65	—	—	—	—	—	—
Residential treatment centers for emotionally disturbed children	0.62	1.32	1.96	4.08	8.07	8.50	9.11	13.22	12.85
All other mental organizations ⁴	1.22	2.54	3.48	18.00	26.32	29.80	37.63	61.15	42.69

Sources: Published and unpublished inventory data from the Survey and Analysis Branch, Division of State and Community Systems Development, Center for Mental Health Services.

¹ The population used in the calculation of these rates is the January 1 civilian population of the United States for each year through 1998. The rates for 2000 are based on the decennial Census sample civilian population.

² Some organizations were reclassified as a result of changes in reporting procedures and definitions. For 1979–80, comparable data were not available for certain organization types and data for either an earlier or later period were substituted. These factors influence the comparability of 1980–98 data with data of earlier years.

³ Includes Department of Veterans Affairs (VA) neuropsychiatric hospitals, VA general hospital psychiatric services, and VA psychiatric outpatient clinics.

⁴ Includes freestanding psychiatric outpatient clinics, partial care organizations, and multiservice mental health organizations. Multiservice mental health organizations were redefined in 1984.

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Table 8b. Amount, percent distribution, and rate per capita¹ of expenditures in constant dollars (1969 = 100)², by type of mental health organization: United States, selected years, 1969–2000³

Type of organization	1969	1975	1979	1986	1990	1992	1994	1998	2000
Expenditures in thousands of dollars									
All organizations	3,292,563	4,414,465	4,145,598	4,828,079	5,566,274	4,995,003	5,010,045	5,080,777	4,032,560
State and county mental hospitals	1,814,101	2,141,929	1,777,083	1,654,681	1,523,214	1,337,500	1,183,045	938,919	823,465
Private psychiatric hospitals	220,026	313,867	351,484	687,682	1,195,349	889,737	977,953	541,654	445,563
Non-Federal general hospitals with separate psychiatric services	298,000	417,810	341,943	752,744	913,318	871,452	808,011	737,392	717,816
VA medical centers ⁴	450,000	470,092	401,357	349,972	289,985	256,712	209,588	222,899	141,817
Federally funded community mental health centers	143,491	521,574	700,516	—	—	—	—	—	—
Residential treatment centers for emotionally disturbed children	122,711	187,592	206,360	255,720	385,831	363,706	356,874	469,255	440,402
All other mental organizations ⁵	244,234	361,601	366,855	1,127,280	1,258,577	1,275,896	1,474,574	2,170,657	1,463,497
Percent distribution of expenditures									
All organizations	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
State and county mental hospitals	55.1	48.5	42.9	34.3	27.4	26.8	23.6	18.5	20.4
Private psychiatric hospitals	6.7	7.1	8.5	14.2	21.5	17.8	19.5	10.7	11.0
Non-Federal general hospitals with separate psychiatric services	9.1	9.5	8.2	15.6	16.4	17.4	16.1	14.5	17.8
VA medical centers ⁴	13.7	10.6	9.7	7.2	5.2	5.1	4.2	4.4	3.5
Federally funded community mental health centers	4.4	11.8	16.9	—	—	—	—	—	—
Residential treatment centers for emotionally disturbed children	3.7	4.2	5.0	5.3	6.9	7.3	7.1	9.2	10.9
All other mental organizations ⁵	7.4	8.2	8.8	23.3	22.6	25.5	29.4	42.7	36.3
Expenditures per capita civilian population									
All organizations	16.53	20.88	19.37	20.15	22.81	19.83	19.33	18.88	14.39
State and county mental hospitals	9.11	10.13	7.98	6.90	6.24	5.31	4.56	3.49	2.94
Private psychiatric hospitals	1.10	1.48	1.58	2.87	4.90	3.53	3.77	2.01	1.59
Non-Federal general hospitals with separate psychiatric services	1.50	1.98	1.89	3.14	3.74	3.46	3.12	2.74	2.56
VA medical centers ⁴	2.26	2.22	2.21	1.46	1.19	1.02	0.81	0.83	0.51
Federally funded community mental health centers	0.72	2.47	3.14	—	—	—	—	—	—
Residential treatment centers for emotionally disturbed children	0.62	0.89	0.92	1.07	1.58	1.44	1.38	1.74	1.57
All other mental organizations ⁵	1.22	1.71	1.65	4.71	5.16	5.07	5.69	8.07	5.22

Sources: Published and unpublished inventory data from the Survey and Analysis branch, Division of State and Community Systems Development, Center for Mental Health Services.

¹ The population used in the calculation of these rates is the January 1 civilian population of the United States for each year through 1998. The rates for 2000 are based on the decennial Census sample civilian population.

² Based on the medical care component of the consumer price index (1969=100). Indices for other years are 1975 (148.7), 1979 (211.4), 1986 (382.3), 1988 (434.5), 1992 (595.9), and 1994 (661.4). By 1998, consumer price indices were no longer calculated by the Bureau of Labor Statistics. The 1998 index number was calculated by dividing the 1998 medical care annual average CPI for all U.S. cities in the current series (1983–84 = 100) by the annual average for 1969 in the same series (242.1/31.9 = 7.58 x 100). For 2000 the calculation was 260.8/31.9=8.175 x 100.

³ Some organizations were reclassified as a result of changes in reporting procedures and definitions. For 1979–80, comparable data were not available for certain organization types and data for either an earlier or later period were substituted. These factors influence the comparability of 1980–98 data with data of earlier years.

⁴ Includes Department of Veterans Affairs (VA) neuropsychiatric hospitals, VA general hospital psychiatric services, and VA psychiatric outpatient clinics.

⁵ Includes freestanding psychiatric outpatient clinics, partial care organizations, and multiservice mental health organizations. Multiservice mental health organizations were redefined in 1984.

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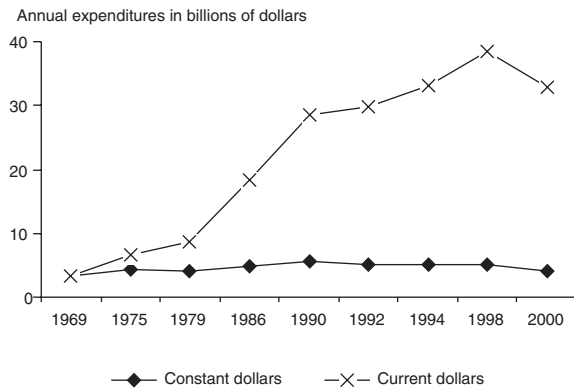


Figure 9. Annual Expenditures in Current and Constant Dollars, All Mental Health Organizations, United States: Selected Years, 1969–1998.

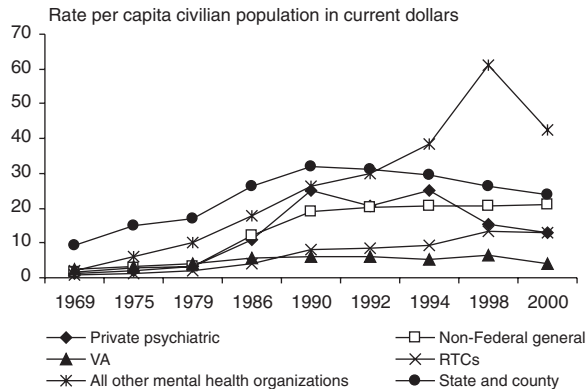


Figure 10. Rate of Current Dollar Expenditures per Capita, by Type of Mental Health Organization, United States: Selected Years, 1969–1998.

2000, from \$16.53 to \$14.39. Patterns for the individual types of organizations were mixed: State mental hospitals and VA medical centers largely decreased, while “all other mental health organizations” had the largest increase, peaking in 1998, but declining in 2000 (table 8b).

Revenues by Source

In 1998, revenues of mental health organizations in the United States totaled \$38 billion, an increase of \$2.2 billion over 1994. Of the 1998 total revenues, 31 percent came from State mental health agencies and other State government funds, four percent from client fees, 37 percent from Feder-

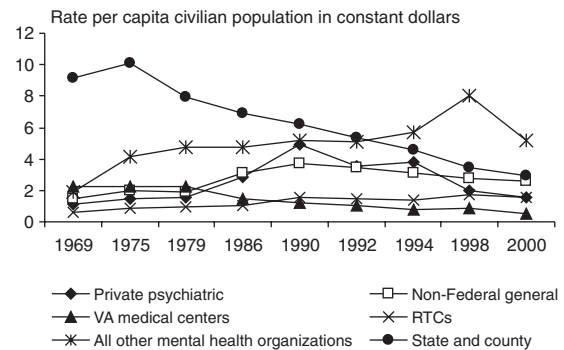


Figure 11. Rate of Constant (1969 = 100) Dollar Expenditures per Capita, by Type of Mental Health Organization, United States: Selected Years, 1969–1998.

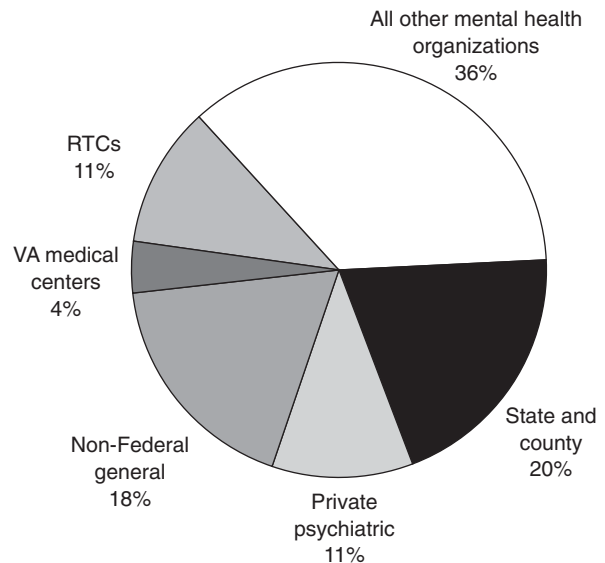


Figure 12. Percent Distribution of Expenditures by Type of Organization, 2000.

al Government sources (including Medicare and Medicaid), 10 percent from local governments, one percent from contracts, and 18 percent from all other sources (see table 9). The distribution of revenues by source for 1998 was similar to 1994 in that the highest percentage of funds (more than two-thirds) came from Federal and State government funding. The proportion of revenues from client fees declined from 1994 to 1998, primarily in private psychiatric hospitals and non-Federal general hospitals. The proportion of revenues from “all other sources” increased from 1994 to 1998.

Policy Implications

This chapter provides data that allow for the analysis and planning of mental health service delivery.⁴ Time-series data make it possible to map the trends and the evolution of mental health treatment. In addition, recent data—particularly those collected in 1994 and 1988—provide insight into the large-scale transformations in health care service in the 1990s. Analysts of health policy are faced with new challenges following the reform of Federal health care and social service programs, and mental health policy is no exception to change and reform in social services.

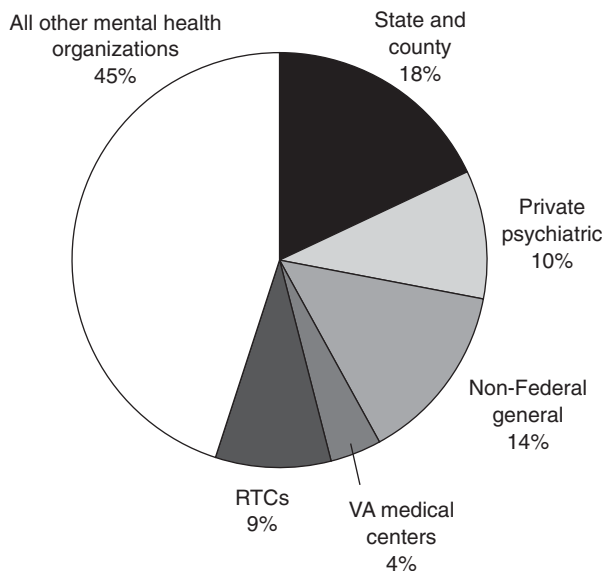


Figure 13. Percent Distribution of Source Revenue, by Type of Organization, 1998.

Looking at the revenues received by different mental health organization types, figure 13 shows that the largest proportion of revenues, 45 percent, went to all other mental health organizations. State and county organizations were next with 18 percent, followed by non-Federal general hospitals with 14 percent. The highest revenue increase, 72 percent over 1994, was for all other mental health organizations, whereas the largest revenue decrease, 47 percent from 1994, occurred in private psychiatric hospitals, which had an 11 percent share in 1998.

Major revenue sources also varied among the different mental health organization types in 1998. As would be expected, State mental hospitals obtained most of their funding (59 percent) from State mental health agencies and other State government sources, but this was a drop from 71 percent in 1994 (table 9). Other sources increased over the period as a source of revenue for State mental hospitals. More than half (54 percent) of the funding for private psychiatric hospitals came from Medicare and Medicaid (an increase from 1994), while only 6 percent came from client fees (a large decrease from 44 percent in 1994). Medicaid was the largest source of revenue for RTCs, doubling to 32 percent from 1994. Medicaid also provided the largest amount of funding for all other mental health organizations, at 29 percent, a slight increase from 1994.

Number of Beds

The substantial increase in the number of private psychiatric hospitals and non-Federal general hospital psychiatric inpatient and residential services during the 1980s has generated mergers, consolidations, downsizing, and closings of some of these hospitals. During the 1990s, the number of general hospitals with inpatient psychiatric services has fluctuated slightly but has not markedly increased, and the number of inpatient beds has been even more stable. The number of private psychiatric hospitals declined somewhat from 1992 to 1994 and more sharply between 1994 and 1998, and the number of beds followed the same pattern.

The effects of this trend are evident in the 1998 data for State and county mental hospitals. These facilities show a continued decline in their year-end resident patients and number of inpatient and residential beds as many State governments struggle to reduce their budgets by eliminating costly hospital and residential programs, stressing community care, and preventing admission to psychiatric beds when possible. This situation is becoming even more critical as responsibilities continue to shift to

⁴ In 1993, CMHS changed the name of its *Mental Health Statistical Note* series to *Data Highlights*. In addition, instead of presenting detailed and relatively long descriptive reports, the new reports were reduced in size and generally not only present descriptive data as in the past but also give interpretations of the trends and policy implications. Some excerpts from those publications are incorporated into the discussion above. The policy implications cover topics from each of the broad system focuses of this chapter: availability, volume of service, staffing, and financing. These implications can help policymakers and legislators make decisions regarding the types and volume of mental health services to be included as benefits in health care reform legislation at all levels of government and can provide baseline data for years prior to the implementation of managed care.

Table 9. Amount and percent distribution of revenue in thousands of dollars,
by type of mental health organization: United States, 1990, 1992, 1994, 1998

Source of revenue	Type of organization							
	All organizations				State and county mental hospitals			
	1990	1992	1994	1998	1990	1992	1994	1998
Revenues in thousands of dollars								
Total revenue	27,776,102	30,844,812	36,182,690	38,422,487	7,717,856	8,096,881	7,814,103	7,053,896
State mental health agency funds	8,630,498	9,411,914	8,878,168	8,282,641	5,419,765	5,865,998	5,081,037	3,628,001
Other State government	1,437,644	1,027,353	1,973,285	3,491,341	517,856	109,644	433,039	506,412
Client fees	6,120,934	6,133,417	6,390,082	1,378,248	302,949	294,737	192,112	139,497
Medicaid	3,645,107	5,628,876	7,140,560	9,396,981	815,292	1,356,140	1,423,626	1,134,391
Medicare	2,244,945	3,131,280	5,072,842	4,073,793	367,950	297,957	296,460	470,968
Other Federal	2,170,072	2,334,653	1,925,562	695,898	52,004	37,725	96,852	955
Local government	2,203,227	2,258,796	2,937,201	3,841,970	159,412	106,184	224,228	507,070
Contract funds	279,870	243,511	484,106	439,321	16,997	1,166	686	17,271
All other sources	1,043,805	675,012	1,380,884	6,822,294	65,631	27,330	66,063	649,331
Percent distribution of revenues								
Total revenue	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
State mental health agency funds	31.1	30.5	24.5	21.6	70.2	72.5	65.0	51.4
Other State government	5.2	3.3	5.5	9.1	6.7	1.4	5.5	7.2
Client fees	22.0	19.9	17.7	3.6	3.9	3.6	2.5	2.0
Medicaid	13.1	18.2	19.7	24.5	10.5	16.7	18.2	16.1
Medicare	8.1	10.2	14.0	10.6	4.8	3.7	3.8	6.7
Other Federal	7.8	7.6	5.3	1.8	0.7	0.5	1.3	0.0
Local government	7.9	7.3	8.1	10.0	2.1	1.3	2.9	7.2
Contract funds	1.0	0.8	1.4	1.1	0.2	0.0	0.0	0.2
All other sources	3.8	2.2	3.8	17.8	0.9	0.3	0.8	9.2

Table 9. Amount and percent distribution of revenue in thousands of dollars,
by type of mental health organization: United States, 1990, 1992, 1994, 1998 (Continued)

Source of revenue	Type of organization							
	Private psychiatric hospitals				Non-Federal general hospitals			
	1990	1992	1994	1998	1990	1992	1994	1998
Revenues in thousands of dollars								
Total revenue	5,320,520	6,055,014	7,626,498	4,018,331	4,927,298	5,367,425	7,159,263	5,380,980
State mental health agency funds	209,112	82,431	127,677	0.0	177,982	225,679	175,454	47,471
Other State government	56,653	51,174	124,791	61,290	69,251	42,664	61,819	231,254
Client fees	3,261,421	3,237,863	3,363,513	234,985	1,798,097	1,754,848	1,958,094	165,144
Medicaid	500,722	949,466	1,002,516	1,364,132	1,195,036	1,604,334	1,980,399	976,098
Medicare	575,587	1,192,043	2,010,145	791,554	1,195,009	1,503,021	2,512,528	2,512,017
Other Federal	320,091	361,132	275,855	1,792	34,065	26,132	94,623	64,576
Local government	93,589	94,650	118,362	200,129	224,389	108,393	146,667	182,361
Contract funds	15,716	34,618	294,520	26,263	141,034	60,399	62,574	19,982
All other sources	287,629	51,637	309,119	1,338,186	92,436	41,955	167,105	1,182,077
Percent distribution of revenues								
Total revenue	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
State mental health agency funds	3.9	1.4	1.7	0.0	3.6	4.2	2.4	0.9
Other State government	1.1	0.8	1.6	1.5	1.4	0.8	0.9	4.3
Client fees	61.3	53.4	44.1	5.8	36.5	32.7	27.4	3.1
Medicaid	9.4	15.7	13.1	33.9	24.2	29.9	27.7	18.1
Medicare	10.8	19.7	26.4	19.7	24.2	28.0	35.1	46.7
Other Federal	6.0	6.0	3.6	0.0	0.7	0.5	1.3	1.2
Local government	1.8	1.6	1.6	5.0	4.6	2.0	2.0	3.4
Contract funds	0.3	0.6	3.9	0.7	2.9	1.1	0.9	0.4
All other sources	5.4	0.8	4.1	33.3	1.9	0.8	2.3	22.0

Table 9. Amount and percent distribution of revenue in thousands of dollars,
by type of mental health organization: United States, 1990, 1992, 1994, 1998 (Continued)

Source of revenue	Type of organization											
	VA medical centers				RTC's				All other mental health organizations			
	1990	1992	1994	1998	1990	1992	1994	1998	1990	1992	1994	1998
Revenues in thousands of dollars												
Total revenue	1,458,573	1,537,624	1,431,333	1,628,863	1,960,029	2,152,681	2,390,039	3,518,063	7,635,185	6,391,725	9,762,456	16,822,354
State mental health agency funds	—	—	126,497	0	291,459	357,706	365,589	346,585	2,880,100	2,532,180	3,001,915	4,260,584
Other State government	—	—	—	0	397,764	432,613	546,214	1,010,405	391,258	396,120	807,421	1,681,980
Client fees	285	—	11,811	0	192,615	189,469	106,449	85,964	656,500	565,467	758,103	852,658
Medicaid	—	—	—	0	152,299	238,469	384,802	1,112,064	1,480,467	981,758	2,349,217	4,810,296
Medicare	—	—	—	0	9,796	11,423	7,444	61,093	126,834	96,603	246,267	238,161
Other Federal	1,458,273	1,537,455	1,293,025	0	49,907	34,031	57,815	128,946	338,178	255,732	107,392	499,629
Local government	—	—	—	0	632,372	636,180	668,343	349,178	1,313,389	1,093,465	1,780,601	2,603,232
Contract funds	—	—	—	0	9,598	25,482	21,379	124,949	121,846	96,525	104,948	250,856
All other sources	15	169	0	1,628,853	224,219	227,308	232,004	298,878	326,613	373,875	606,592	1,724,969
Percent distribution of revenues												
Total revenue	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
State mental health agency funds	—	—	8.8	0.0	14.9	16.6	15.3	9.9	37.7	39.6	30.7	25.3
Other State government	—	—	—	0.0	20.3	20.0	22.8	28.7	5.1	6.2	8.3	10.0
Client fees	0.0	0.0	0.8	0.0	9.8	8.8	4.5	2.4	8.6	8.8	7.8	5.1
Medicaid	—	—	—	0.0	7.8	11.1	16.1	31.6	19.4	15.4	24.1	28.6
Medicare	—	—	—	0.0	0.5	0.5	0.3	1.7	1.7	1.5	2.5	1.4
Other Federal	100.0	100.0	90.4	0.0	2.5	1.6	2.4	3.7	4.4	4.0	1.1	3.0
Local government	—	—	—	0.0	32.3	29.6	28.0	9.9	17.2	17.0	18.2	15.5
Contract funds	—	—	—	0.0	0.5	1.2	0.9	3.6	1.6	1.5	1.1	1.5
All other sources	0.0	0.0	0.0	100.0	11.4	10.6	9.7	8.5	4.3	5.8	6.2	10.3

States. The shift to nonresidential care is shown by the 53 percent increase from 1994 to 1998 in additions to less than 24-hour care at State and county hospitals, compared with a nine percent drop in additions to inpatient and residential care.

Another factor in the decline in the number of psychiatric inpatient and residential beds may be the increased use of managed care and other cost-saving mechanisms, including the substitution of less than 24-hour services for inpatient and residential care to further reduce the length of hospital stays, thereby reducing the cost of employee care to businesses and insurance companies. Indications are that the number of psychiatric beds may continue to decline in the foreseeable future (Redick et al., 1994a).

Patient Care Episodes

Policy implications evident from the trend data on patient care episodes involve four main issues: (1) the future role of State mental hospitals, (2) the balance between community-based and State mental hospital services, (3) the balance between hospital and residential and ambulatory services, and (4) the contracting by State mental health agencies for the provision of services through the private sector.

As the number of hospital and residential episodes in State mental hospitals continues to decline, policymakers are confronted with momentous decisions. Of particular importance is the question of whether these facilities should be expanded or closed. Some argue that these hospitals have contracted in size to such an extent that persons with severe mental illness are being denied admission, so that further downsizing is unwise. Others argue that all persons, regardless of the severity of their mental illness, can be cared for in the community and that State mental hospitals should be phased out entirely. Confounding the options of the policymakers are economic pressures brought by communities and labor unions to keep the State mental hospitals open and to increase their size.

State mental health agencies favor the expansion of community-based services at the expense of State mental hospital services. Federal legislation promotes community-based services to the exclusion of State mental hospital services in the distribution of community mental health service block grant funds to the States. Furthermore, between 1955 and 1994, aftercare services shifted from the State mental hospitals to community-based facilities. Despite these facts, State mental hospitals still

consumed 44 percent of total expenditures by State mental health agencies in 1998, down from 57 percent in 1994 (see table 9). In light of this situation, one of the major issues facing the mental health community today is how to strike a balance between the services of community-based mental health agencies and those provided by State mental hospitals.

The proper balance of hospital and residential with ambulatory services needs to be examined for treatment efficacy, as well as for cost-benefit. Although the percentage of less than 24-hour care is now much greater than it was between 1955 and 1971, the proportion has remained almost the same since 1975. Decisions will have to be made about the role of ambulatory versus hospital and residential services and, in particular, about whether ambulatory services should be increased at the expense of hospital and residential services.

The President's New Freedom Commission on Mental Health called for fully integrating people with mental illness into the community by enabling them to live, work, study, and participate in all activities.

Staffing

Accompanying the increase in the number of mental health organizations and their caseloads from 1972 to 1998 has been an increase in the number of FTE staff these organizations employ. Most of this increase (67 percent) occurred among the professional patient care staff, notably in the number of psychiatrists, psychologists, social workers, registered nurses, and other mental health professionals. The number of professional staff increased by 200 percent, compared with 10 percent for administrative, clerical, and maintenance (support) staff and 62 percent for other mental health workers (paraprofessional) staff. This can be attributed in large part to the expansion of community-based mental health care services during this period, which has led to a greater emphasis on short-term hospital and residential as well as less than 24-hour care and partial care services, with the primary goal of keeping clients functioning in their own communities.

A feature of the contemporary evolution of health care service has been the replacement of higher cost professionals, particularly physicians, with other staff in less expensive labor categories, such as registered nurses and others. While the overall number of FTE staff in all mental health or-

ganizations increased in the 26 years between 1972 and 1998, the number of psychiatrists serving these mental health institutions increased at a slower rate than other professional staff. Between 1972 and 1998, the number of psychiatrists increased by 119 percent and the number of other physicians decreased by 11 percent. This compared with a 204 percent increase for psychologists, a 309 percent increase for social workers, and a 350 percent increase for other mental health professionals.

As the trends in the number and rates per population associated with hospital and residential care (e.g., decreases in resident patients and psychiatric beds) appear to be leveling off and policies regarding the effectiveness of long-term hospital and residential care versus short-term hospital and residential and ambulatory care come under review, the future human resource needs of mental health organizations must be assessed, particularly whether the supply of paraprofessional and professional mental health care workers needs to be augmented or selectively reduced. Consideration must also be given to the substitutability of staff disciplines in certain situations.

Managed Care

In 1998, 66 percent of all mental health organizations were part of one or more managed care networks, compared with 40 percent in 1994. Non-Federal general hospitals with separate psychiatric services and private psychiatric hospitals had the largest percentage of managed care participants—92 and 81 percent, respectively. The next largest percentages were all others (56 percent), RTCs (46 percent), and VA medical centers (48 percent). The organizations least likely to be part of managed care networks were State mental hospitals (14 percent).

Expenditures

With the advent of health care reform, much interest has developed about the role of inflation in the increase of expenditures by mental health organizations. Both the number of private psychiatric hospitals and their expenditures increased dramatically between 1969 and 1998, but declines were seen in both current and constant expenditures between 1994 and 1998. Non-Federal general hospitals with psychiatric services showed constant increases in expenditures and per capita between 1969 and 1998 as measured in current dollars, but

they showed a constant decrease between 1990 and 1998 if measured in constant dollars. Yet their 24-hour care population continued to increase. VA medical centers, RTCs, and all other mental health organizations showed increased expenditures in both current and constant dollars and in per capita in 1998.

Mental Health Services Data by State

In conjunction with the preparation of national data for this chapter, CMHS tabulated the 1998 Survey data by State. In recent years, these State data have become increasingly important for managers of State mental health agencies, enabling them to compare their program statistics with those of other States and with national totals. In addition, State legislators, budget officers, and planners of mental health services frequently ask program administrators to furnish comparable statistical information from other States. Although State populations, programs, services, and funding patterns differ somewhat, State mental health program directors have usually identified enough similarities between their State and one or several others to make statistical comparisons. Among the most important factors in selecting other States for comparison is the need for States to have similarly organized services as well as somewhat similar populations. Geographical proximity may also be a relevant factor.

Tables 10, 10a, and 10b show the number of facilities in each State in each of the six facility types. Table 10 lists the number of facilities offering any services; table 10a lists the number providing 24-hour hospital inpatient and residential care; and table 10b lists the number in each State providing outpatient care. All three tables compare the number of facilities in 2000 with the numbers in 1992, 1994, and 1998.

Figures 14 through 16 show three key variables by State: (1) inpatient and residential treatment beds, (2) inpatient and residential treatment additions, and (3) outpatient additions. All three maps display rates per 100,000 civilian population on July 1, 2000. Psychiatric inpatient and residential treatment beds (figure 14) were least common in the Western States and most common in the Northeast. South Dakota had an unusually high rate of inpatient and residential beds for a Western State, whereas much of the Southeast has low bed rates.

Table 10. Number of mental health organizations by type of organization and State: United States, 1992, 1994, 1998, and 2000

State/ territory	State and county				Private psychiatric				Non-Federal general				VA medical centers				RTC's				All other mental health organizations			
	1992	1994	1998	2000	1992	1994	1998	2000	1992	1994	1998	2000	1992	1994	1998	2000	1992	1994	1998	2000	1992	1994	1998	2000
Total, United States	278	260	234	226	478	433	351	271	1,620	1,616	1,709	1,373	163	162	146	143	497	459	462	475	2,476	2,492	2,843	2,075
Excluding territories	273	256	229	220	475	430	348	269	1,616	1,612	1,707	1,373	162	161	145	142	497	459	461	474	2,460	2,474	2,832	2,068
Alabama	6	5	6	5	4	4	3	2	33	31	35	24	3	3	3	2	4	4	4	6	26	25	33	26
Alaska	1	1	1	1	2	2	1	1	3	4	7	5	1	1	1	1	2	2	7	4	35	35	44	30
Arizona	1	1	1	1	13	9	9	5	12	14	16	15	3	3	3	3	9	7	8	6	16	26	38	25
Arkansas	1	1	1	1	6	6	8	5	17	20	28	21	2	2	2	2	4	1	1	4	17	18	20	12
California	6	5	8	8	58	48	45	31	119	124	136	105	12	12	11	7	47	43	49	50	211	205	299	210
Colorado	3	3	2	2	6	6	7	5	19	19	18	11	3	3	3	3	13	12	12	12	20	24	24	19
Connecticut	8	5	3	3	6	6	5	6	27	25	26	21	3	3	2	1	6	7	6	15	74	101	88	58
Delaware	2	2	1	1	2	2	2	2	6	5	5	3	1	1	1	1	7	6	4	5	9	14	11	8
District of Columbia	1	1	1	1	1	1	1	1	8	8	7	8	1	1	1	1	1	2	1	3	33	24	19	13
Florida	8	8	5	5	35	27	24	23	60	65	65	48	4	4	6	6	12	14	18	18	58	65	105	59
Georgia	8	8	4	7	15	15	14	9	33	31	33	22	3	3	3	3	3	4	4	3	33	28	36	28
Hawaii	1	1	1	1	0	1	1	—	8	8	8	7	1	1	1	1	2	1	0	—	14	27	17	11
Idaho	2	2	2	2	6	4	2	1	4	4	6	4	1	1	1	1	2	2	1	2	18	16	12	15
Illinois	12	12	11	9	12	11	7	8	88	89	88	75	6	6	6	6	23	20	25	20	131	129	141	119
Indiana	8	6	6	6	18	21	15	8	42	42	46	36	3	3	2	3	9	9	10	11	13	18	68	33
Iowa	5	5	4	4	0		0	.	33	35	35	25	3	3	2	3	8	8	8	9	40	41	42	32
Kansas	4	4	3	3	9	7	4	1	24	23	23	20	3	3	2	2	5	6	5	3	28	28	27	26
Kentucky	4	4	4	5	9	9	8	8	28	28	31	27	2	2	2	2	11	9	7	7	15	15	19	13
Louisiana	6	6	6	6	21	17	11	7	33	35	45	41	3	3	3	3	5	3	2	2	48	48	47	41
Maine	2	2	2	2	1	2	1	2	9	9	10	8	1	1	1	1	3	2	3	4	32	34	29	19
Maryland	9	9	8	8	7	6	5	4	29	28	26	24	3	3	1	1	11	9	10	11	56	52	48	41
Massachu- setts	8	6	6	6	11	11	9	10	63	55	59	39	4	4	4	4	47	38	31	32	115	97	108	85
Michigan	12	8	7	6	8	9	8	7	67	66	69	44	4	4	5	5	20	17	16	13	91	89	78	71
Minnesota	7	6	5	5	2	1	1	—	39	32	35	26	2	2	2	2	16	17	19	15	106	108	118	67
Mississippi	2	2	2	2	4	4	4	4	11	12	26	19	2	2	2	2	2	3	3	4	17	16	16	15
Missouri	8	9	9	8	8	9	8	6	50	52	53	38	4	4	5	4	14	13	13	13	39	40	34	26
Montana	1	1	1	1	4	2	2	1	5	4	5	4	1	1	1	1	2	1	2	3	5	6	4	4

Table 10. Number of mental health organizations by type of organization and State: United States, 1992, 1994, 1998, and 2000 (Continued)

State/ territory	State and county				Private psychiatric				Non-Federal general				VA medical centers				RTC's				All other mental health organizations			
	1992	1994	1998	2000	1992	1994	1998	2000	1992	1994	1998	2000	1992	1994	1998	2000	1992	1994	1998	2000	1992	1994	1998	2000
Nebraska	3	3	3	3	2	2	1	2	9	10	7	5	3	3	3	3	3	2	6	6	23	25	22	15
Nevada	2	3	3	3	3	3	4	3	3	4	4	3	2	2	2	2	1	1	1	2	3	2	5	4
New Hampshire	1	1	1	1	3	3	3	1	12	10	11	9	1	1	1	1	0	9	8	7	10	17	16	10
New Jersey	11	12	10	11	5	5	7	4	51	50	50	45	2	2	1	2	12	11	10	8	57	63	68	52
New Mexico	2	2	2	2	7	6	4	3	7	8	9	8	1	1	1	1	16	18	13	11	28	28	34	22
New York	32	30	23	26	15	12	12	9	106	110	113	106	12	11	6	7	32	28	27	30	186	174	182	139
North Carolina	4	4	4	4	11	9	6	6	43	42	44	43	4	4	4	4	8	6	7	10	34	35	37	33
North Dakota	1	1	1	1	0	0	0	—	7	7	7	8	1	1	1	1	2	1	1	1	8	8	8	8
Ohio	15	13	9	6	10	9	8	7	82	79	84	69	5	5	4	4	26	25	14	21	185	180	166	123
Oklahoma	4	3	5	3	10	11	9	7	21	26	32	30	2	2	2	2	1	0	0	2	64	55	47	48
Oregon	3	3	2	2	1	1	1	—	13	12	15	14	3	3	2	3	11	13	17	14	58	65	84	65
Pennsylvania	13	13	11	9	24	25	18	15	103	104	112	91	9	9	8	8	22	18	22	21	148	146	126	101
Rhode Island	1	0	0	—	2	2	2	2	7	5	4	3	1	1	1	1	2	1	1	3	14	16	16	12
South Carolina	5	5	4	5	5	5	4	2	14	15	16	15	2	2	2	2	3	2	3	3	17	18	17	17
South Dakota	1	1	1	1	1	1	0	—	3	3	5	5	3	3	2	2	4	4	4	5	13	14	14	11
Tennessee	5	5	5	5	12	11	7	9	47	48	41	29	4	4	4	4	6	5	5	3	33	31	26	22
Texas	8	9	7	9	61	48	35	22	77	77	75	58	10	10	8	8	13	10	12	11	48	47	53	46
Utah	1	1	2	1	6	6	2	3	15	11	9	8	1	1	1	1	2	2	2	4	13	11	11	9
Vermont	1	1	1	1	1	1	1	1	5	5	3	4	1	1	1	1	5	5	4	3	10	10	10	10
Virginia	10	10	10	9	13	14	10	7	39	39	43	35	3	3	3	3	5	5	4	7	46	49	45	44
Washington	3	3	3	3	3	3	2	1	22	22	22	15	4	4	3	3	11	10	9	8	58	55	84	63
West Virginia	2	2	2	2	3	3	2	3	11	13	14	9	4	4	4	3	3	2	2	2	15	15	15	13
Wisconsin	8	7	9	3	8	9	4	4	45	40	42	39	3	3	3	3	16	16	15	14	73	66	205	79
Wyoming	1	1	1	1	1	1	1	1	4	4	4	2	2	2	2	2	5	5	5	3	16	15	16	16

Table 10a. Number of mental health organizations providing either 24-hour hospital or residential services,
by type of organization and State: United States, 1992, 1994, 1998, and 2000

State/ territory	State and county				Private psychiatric				Non-Federal general				VA medical centers				RTC's				All other mental health organizations			
	1992	1994	1998	2000	1992	1994	1998	2000	1992	1994	1998	2000	1992	1994	1998	2000	1992	1994	1998	2000	1992	1994	1998	2000
Total, United States	278	260	234	226	478	433	351	271	1,520	1,534	1,594	1,325	134	136	124	134	497	459	462	475	526	1,023	977	783
Excluding territories	273	256	229	220	475	430	348	269	1,517	1,531	1,593	1,325	133	135	123	133	497	459	461	474	520	1,016	975	781
Alabama	6	5	6	5	4	4	3	2	33	31	34	24	2	2	2	2	4	4	4	6	13	20	20	19
Alaska	1	1	1	1	2	2	1	1	3	4	5	4	0	0	0	1	2	2	7	4	6	15	15	10
Arizona	1	1	1	1	13	9	9	5	10	13	15	14	2	2	3	3	9	7	8	6	13	10	13	9
Arkansas	1	1	1	1	6	6	8	5	17	19	26	20	2	2	2	2	4	1	1	4	7	11	12	7
California	6	5	8	8	58	48	45	31	104	110	121	100	8	8	8	5	47	43	49	50	50	64	72	42
Colorado	3	3	2	2	6	6	7	5	17	18	17	11	3	3	2	2	13	12	12	12	11	16	12	12
Connecticut	8	5	3	3	6	6	5	6	24	23	24	20	3	3	2	1	6	7	6	15	2	27	23	15
Delaware	2	2	1	1	2	2	2	2	5	5	5	3	1	0	0	1	7	6	4	5	0	5	4	5
District of Columbia	1	1	1	1	1	1	1	1	8	8	7	8	1	1	1	1	1	2	1	3	2	8	4	3
Florida	8	8	5	5	35	27	24	23	60	64	61	48	4	4	6	6	12	14	18	18	32	41	57	33
Georgia	8	8	4	7	15	15	14	9	33	29	30	21	3	3	3	3	3	4	4	3	30	28	19	21
Hawaii	1	1	1	1	1	1	1	0	5	5	5	6	0	1	1	1	2	1	0	.	3	6	4	1
Idaho	2	2	2	2	6	4	2	1	4	4	5	4	1	1	1	1	2	2	1	2	0	0	0	0
Illinois	12	12	11	9	12	11	7	8	83	86	85	74	5	5	6	6	23	20	25	20	18	63	58	58
Indiana	8	6	6	6	18	21	15	8	41	42	45	36	2	2	2	3	9	9	10	11	5	17	28	21
Iowa	5	5	4	4	0	0	0	0	29	31	32	24	2	2	2	3	8	8	8	9	9	11	8	8
Kansas	4	4	3	3	9	7	4	1	23	23	23	20	3	3	2	2	5	6	5	3	5	8	3	5
Kentucky	4	4	4	5	9	9	8	8	28	28	31	27	2	2	2	2	11	9	7	7	9	10	10	9
Louisiana	6	6	6	6	21	17	11	7	32	35	42	40	3	3	3	3	5	3	2	2	2	3	3	1
Maine	2	2	2	2	1	2	1	2	9	9	10	8	1	1	1	1	3	2	3	4	7	12	12	12
Maryland	9	9	8	8	7	6	5	4	28	27	25	23	2	3	1	1	11	9	10	11	5	24	19	23
Massachu- setts	8	6	6	6	11	11	9	10	55	50	54	38	4	4	4	4	47	38	31	32	26	56	57	46
Michigan	12	8	7	6	8	9	8	7	63	61	62	42	3	3	3	4	20	17	16	13	22	37	24	24
Minnesota	7	6	5	5	2	1	1	0	27	26	26	23	2	2	2	2	16	17	19	15	8	22	22	19
Mississippi	2	2	2	2	4	4	4	4	11	12	25	19	2	2	2	2	2	3	3	4	10	15	14	14
Missouri	8	9	9	8	8	9	8	6	46	47	49	36	4	4	5	4	14	13	13	13	11	18	14	10
Montana	1	1	1	1	4	2	2	1	4	4	5	4	1	1	1	1	2	1	2	3	0	5	3	4

Table 10a. Number of mental health organizations providing either 24-hour hospital or residential services,
by type of organization and State: United States, 1992, 1994, 1998, and 2000 (Continued)

State/ territory	State and county				Private psychiatric				Non-Federal general				VA medical centers				RTC's				All other mental health organizations			
	1992	1994	1998	2000	1992	1994	1998	2000	1992	1994	1998	2000	1992	1994	1998	2000	1992	1994	1998	2000	1992	1994	1998	2000
Nebraska	3	3	3	3	2	2	1	2	8	10	7	5	2	2	2	1	3	2	6	6	2	8	8	7
Nevada	2	3	3	3	3	3	4	3	3	4	4	3	1	1	1	2	1	1	1	2	2	1	2	0
New Hampshire	1	1	1	1	3	3	3	1	12	10	11	9	1	0	0	1	0	9	8	7	4	15	15	10
New Jersey	11	12	10	11	5	5	7	4	47	46	43	42	2	2	1	2	12	11	10	8	5	27	26	21
New Mexico	2	2	2	2	7	6	4	3	6	8	9	8	1	1	1	1	16	18	13	11	5	6	8	8
New York	32	30	23	26	15	12	12	9	100	103	105	101	11	10	6	7	32	28	27	30	8	40	47	32
North Carolina	4	4	4	4	11	9	6	6	43	42	42	42	4	4	4	4	8	6	7	10	19	29	26	21
North Dakota	1	1	1	1	0	0	0	0	7	7	7	8	0	1	1	1	2	1	1	1	6	8	7	7
Ohio	15	13	9	6	10	9	8	7	79	76	82	68	4	4	4	4	26	25	14	21	43	67	61	43
Oklahoma	4	3	5	3	10	11	9	7	21	26	31	28	1	1	1	2	1	0	0	2	8	14	12	6
Oregon	3	3	2	2	1	1	1	0	13	12	14	14	3	3	2	2	11	13	17	14	4	22	24	17
Pennsylvania	13	13	11	9	24	25	18	15	101	102	109	91	5	6	5	7	22	18	22	21	18	63	53	45
Rhode Island	1	0	0	.	2	2	2	2	5	5	4	3	1	1	1	1	2	1	1	3	1	12	12	9
South Carolina	5	5	4	5	5	5	4	2	14	15	16	14	2	2	2	2	3	2	3	3	3	0	3	5
South Dakota	1	1	1	1	1	1	0	.	3	3	5	5	3	3	2	2	4	4	4	5	2	6	6	4
Tennessee	5	5	5	5	12	11	7	9	45	47	39	29	4	4	4	4	6	5	5	3	8	17	15	11
Texas	8	9	7	9	61	48	35	22	77	77	69	52	7	7	5	8	13	10	12	11	30	39	33	22
Utah	1	1	2	1	6	6	2	3	14	11	9	8	1	1	1	1	2	2	2	4	7	7	7	6
Vermont	1	1	1	1	1	1	1	1	5	5	3	4	1	1	1	1	5	5	4	3	1	9	9	10
Virginia	10	10	10	9	13	14	10	7	39	37	40	34	3	3	3	3	5	5	4	7	10	21	21	22
Washington	3	3	3	3	3	3	2	1	20	20	21	14	3	4	3	3	11	10	9	8	13	22	22	18
West Virginia	2	2	2	2	3	3	2	3	11	13	13	9	2	3	2	3	3	2	2	2	7	14	11	10
Wisconsin	8	7	9	3	8	9	4	4	38	34	37	35	3	3	3	3	16	16	15	14	7	16	15	13
Wyoming	1	1	1	1	1	1	1	1	4	4	4	2	1	1	1	1	5	5	5	3	1	4	2	3

Table 10b. Number of mental health organizations providing less than 24-hour hospital and residential services,
by type of organization and State: United States, 1992, 1994, 1998, and 2000

State/ territory	State and county				Private psychiatric				Non-Federal general				VA medical centers				RTC's				All other mental health organizations			
	1992	1994	1998	2000	1992	1994	1998	2000	1992	1994	1998	2000	1992	1994	1998	2000	1992	1994	1998	2000	1992	1994	1998	2000
Total, United States	77	71	62	63	198	348	265	237	619	876	966	819	162	149	129	116	167	227	211	284	2,186	2,435	2,771	2,038
Excluding territories	75	70	60	59	198	347	263	235	618	875	965	819	161	148	128	115	167	227	209	283	2,171	2,420	2,760	2,031
Alabama	0	0	0	0	2	4	2	2	5	9	11	11	3	3	3	2	0	3	3	4	25	24	33	25
Alaska	0	0	0	0	2	2	1	0	0	2	5	3	1	1	1	0	1	2	5	4	32	35	42	28
Arizona	0	0	0	0	8	8	8	3	5	7	6	9	3	3	2	3	3	5	6	5	21	26	36	23
Arkansas	0	0	0	0	2	6	6	5	2	4	7	7	2	2	2	1	3	1	1	3	17	18	20	11
California	0	1	4	3	16	38	28	24	40	71	72	54	12	12	11	7	11	21	24	28	178	198	290	204
Colorado	2	2	1	1	1	5	5	5	11	16	15	8	3	3	3	3	3	5	4	8	19	23	24	19
Connecticut	1	1	1	0	3	6	5	6	24	23	22	19	3	3	2	1	0	3	3	10	43	94	85	56
Delaware	1	1	0	.	0	2	2	1	3	2	3	1	1	1	1	0	3	2	3	2	8	14	11	8
District of Columbia	1	1	1	1	0	1	1	1	4	4	4	6	1	1	0	0	1	0	1	3	21	23	17	13
Florida	0	1	0	1	9	18	18	22	14	39	36	30	4	3	5	5	6	8	9	12	54	64	101	56
Georgia	0	0	0	1	9	11	9	9	13	19	17	18	3	3	2	3	0	1	1	2	33	28	36	28
Hawaii	0	0	0	0	0	1	1	0	4	4	4	5	1	0	1	0	1	0	0	0	12	25	16	11
Idaho	0	0	0	0	5	4	2	1	1	2	3	3	1	1	1	0	0	1	0	1	18	16	12	15
Illinois	1	0	0	0	4	10	7	7	40	55	59	52	6	4	5	2	10	13	16	15	113	129	137	118
Indiana	1	0	0	0	16	17	12	8	20	20	24	23	3	3	2	2	1	3	3	8	13	18	63	32
Iowa	3	0	0	1	0	0	0	0	12	22	28	18	3	3	2	2	2	3	6	7	37	39	42	32
Kansas	0	0	0	0	3	7	4	1	5	7	7	5	3	2	2	2	3	3	2	1	28	28	27	26
Kentucky	1	0	0	1	3	5	6	7	2	4	7	5	2	2	1	0	2	3	1	3	14	15	19	13
Louisiana	1	0	0	1	7	14	7	5	10	12	23	24	3	3	3	3	0	0	0	0	46	48	47	40
Maine	1	1	1	2	1	2	1	2	3	5	8	7	1	1	1	1	2	2	3	4	23	34	29	18
Maryland	2	1	0	1	5	6	5	4	8	15	18	18	3	3	1	1	2	6	5	6	41	51	47	41
Massachu- setts	1	2	1	0	4	6	8	10	43	44	43	33	4	4	4	3	16	18	12	12	87	93	103	83
Michigan	4	2	1	0	3	8	7	6	27	48	55	35	4	4	5	3	7	9	8	3	90	88	78	71
Minnesota	0	1	1	1	1	0	0	0	30	22	24	15	2	2	2	2	5	8	5	5	90	101	109	64
Mississippi	0	0	0	2	2	3	3	4	3	6	9	7	2	2	2	2	0	1	1	3	18	16	15	15
Missouri	5	5	4	2	2	5	5	5	22	28	28	22	4	3	4	4	8	9	7	10	38	40	34	26
Montana	0	0	0	0	0	2	2	1	2	3	4	3	1	1	1	0	0	0	0	2	5	6	4	4

Table 10b. Number of mental health organizations providing less than 24-hour hospital and residential services,
by type of organization and State: United States, 1992, 1994, 1998, and 2000 (Continued)

State/ territory	State and county				Private psychiatric				Non-Federal general				VA medical centers				RTC's				All other mental health organizations			
	1992	1994	1998	2000	1992	1994	1998	2000	1992	1994	1998	2000	1992	1994	1998	2000	1992	1994	1998	2000	1992	1994	1998	2000
Nebraska	0	2	2	2	1	1	1	2	4	5	3	4	3	2	2	3	1	1	2	2	18	23	22	13
Nevada	2	2	2	2	0	2	2	3	1	2	2	2	2	2	2	2	1	1	1	1	3	2	5	4
New Hampshire	0	0	0	0	0	3	2	1	1	3	6	7	1	1	1	1	0	2	0	.	10	15	14	10
New Jersey	1	1	0	1	4	5	6	4	28	32	31	33	2	2	0	2	3	3	3	3	50	59	65	50
New Mexico	0	1	1	2	3	5	3	3	3	3	5	5	1	1	1	1	4	6	5	7	23	28	33	22
New York	29	28	19	23	4	5	5	5	68	71	72	68	11	10	6	6	12	15	13	21	162	173	178	136
North Carolina	0	0	0	0	8	7	6	5	6	13	17	23	4	3	1	3	6	4	5	8	34	35	36	32
North Dakota	0	0	0	1	0	0	0	0	4	4	5	6	1	1	1	1	0	0	0	0	8	8	8	8
Ohio	1	2	3	3	9	9	6	5	26	48	57	37	5	4	4	4	15	18	8	20	169	177	165	122
Oklahoma	2	1	3	1	5	11	7	7	5	11	13	10	2	2	2	2	0	0	0	1	64	54	46	48
Oregon	0	0	0	0	0	0	0	0	5	8	11	7	3	3	2	3	6	8	5	10	51	64	78	64
Pennsylvania	0	0	0	0	12	18	13	13	38	46	53	49	9	9	7	7	6	11	10	15	114	144	125	101
Rhode Island	0	0	0	0	2	1	2	2	4	3	3	3	1	0	0	1	0	1	0	2	14	16	16	12
South Carolina	0	0	1	1	1	2	2	1	3	8	10	10	2	2	2	2	2	1	2	2	17	18	17	17
South Dakota	1	1	1	0	1	1	0	0	1	1	1	3	3	2	2	2	1	3	2	3	13	14	14	11
Tennessee	0	1	0	1	5	8	6	8	7	15	13	11	4	4	4	4	4	4	4	2	30	31	26	22
Texas	7	7	5	0	17	45	31	20	15	37	41	32	10	10	8	6	3	1	2	3	47	47	53	46
Utah	0	0	0	0	3	6	0	3	9	8	6	4	1	1	1	1	0	1	1	3	13	11	10	9
Vermont	0	0	0	0	0	0	0	1	0	0	0	0	1	1	1	1	0	1	1	1	10	10	10	10
Virginia	2	1	1	0	7	14	9	5	5	18	26	28	3	2	2	3	1	1	1	2	45	49	45	44
Washington	0	1	1	1	1	2	2	1	8	11	10	6	4	4	2	1	5	6	5	5	56	55	84	63
West Virginia	0	0	0	0	1	2	0	2	0	4	6	3	4	4	4	3	0	1	1	1	15	15	15	13
Wisconsin	5	3	6	2	5	8	4	4	22	29	30	26	3	3	2	3	5	5	7	8	65	63	202	78
Wyoming	0	0	0	1	1	1	1	1	2	2	2	1	2	2	2	1	2	3	3	2	16	15	16	16

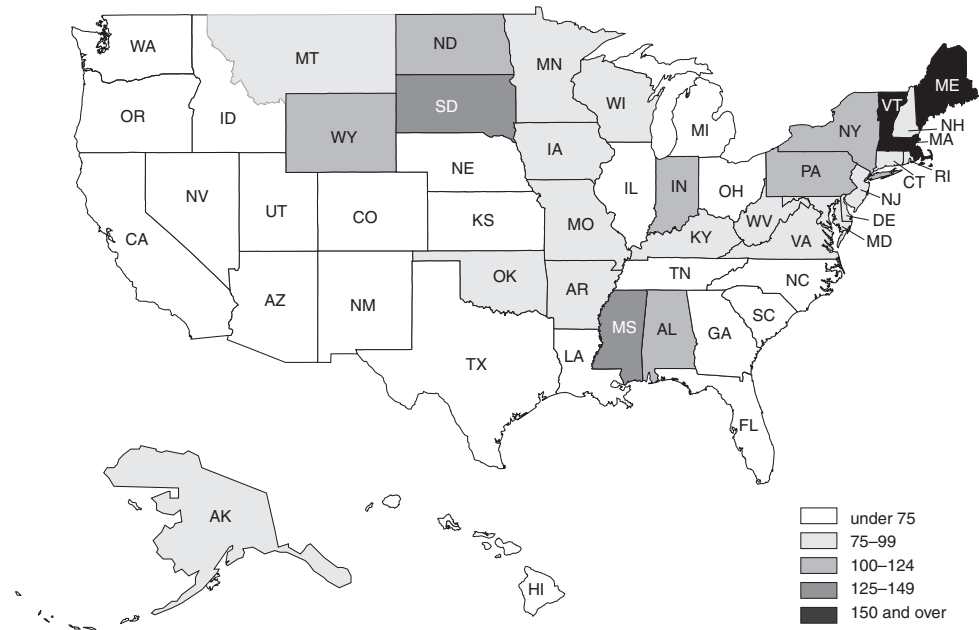


Figure 14. Total Psychiatric Inpatient and Residential Treatment Beds per 100,000 Civilian Population in Number by State: United States, 2000.

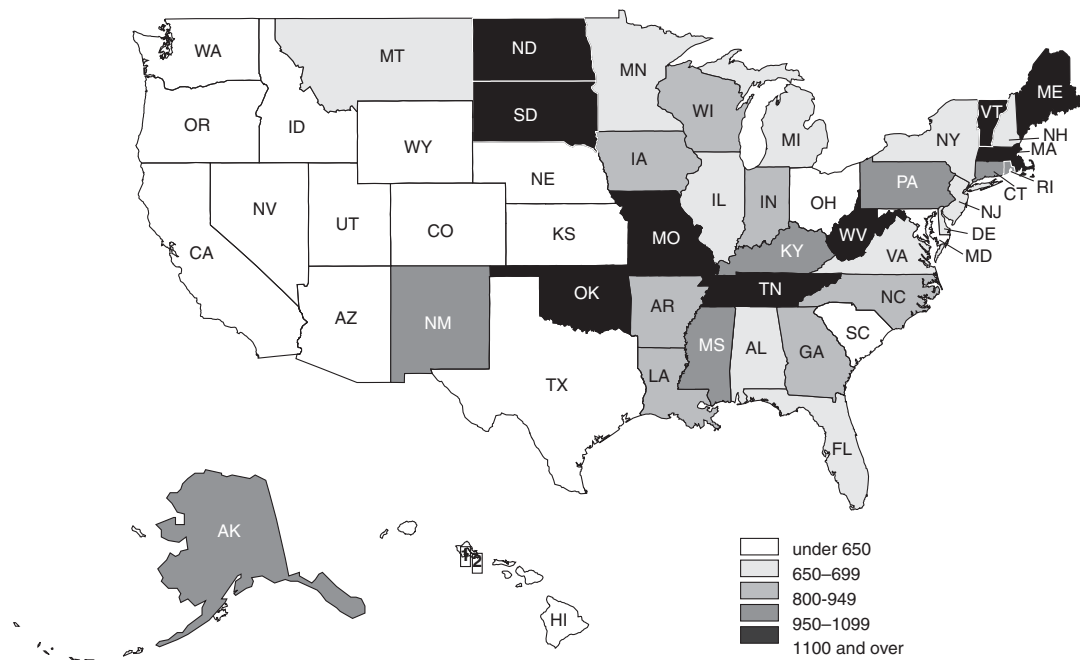


Figure 15. Number of Inpatient and Residential Treatment Additions per 100,000 Civilian Population in Numbers by State: United States, 2000.

Inpatient additions (figure 15) displayed a similar regional pattern, being less frequent in the Western States than in the Eastern. A band of high admission rates extended from Kentucky westward

through Missouri to Kansas and Oklahoma, and many of the adjacent States also had relatively high addition rates. In the East, South Carolina and Maryland had the lowest addition rates.

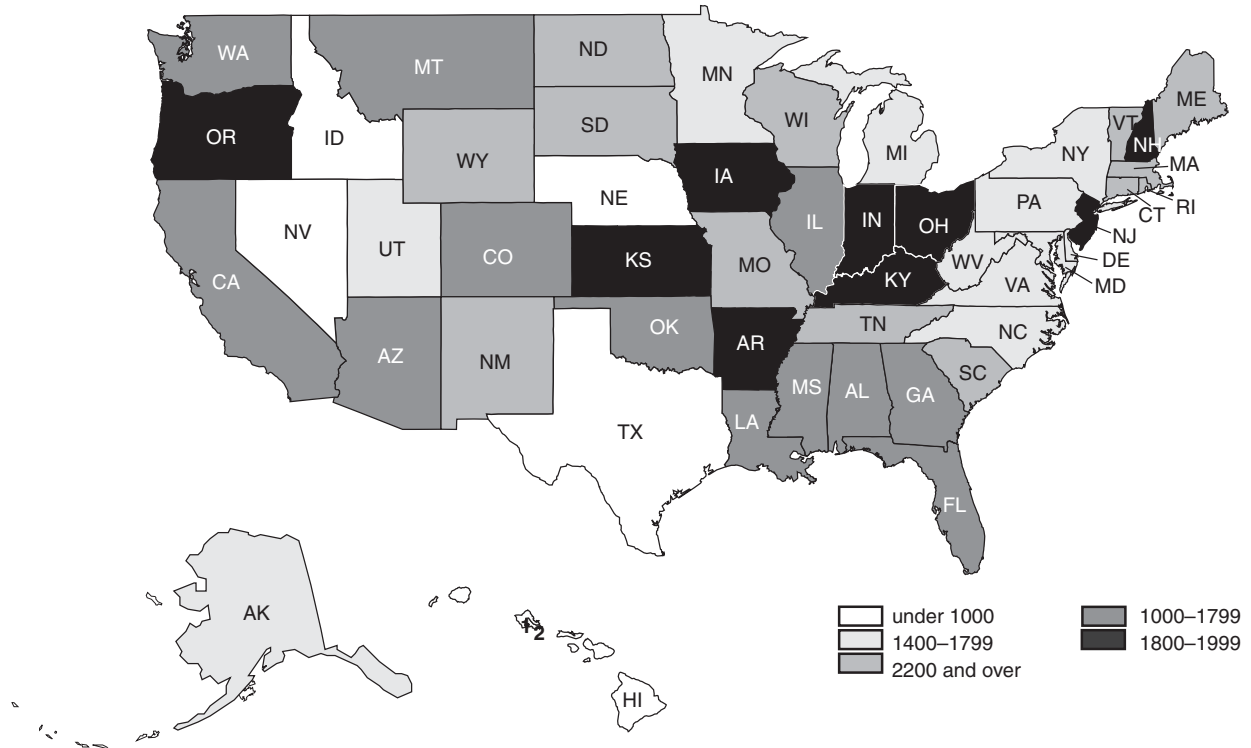


Figure 16. Number of Outpatient Additions per 100,000 Civilian Population to Mental Health Organizations 2000.

High outpatient addition rates were found in a band of States ranging from Wyoming to Wisconsin (figure 16). Arizona, Arkansas, and a cluster of States in New England—Massachusetts, Connecticut, Rhode Island, Vermont, and Maine—also had high rates. The area with lowest rates was again the West, in Idaho and Nevada and some of the surrounding States. Texas and Nebraska also showed low outpatient addition rates.

Data from the 1998 SMHO, similar to those presented in the figures, are available in unpublished form from CMHS. Comparative State data for 1983, 1986, and 1988 can be found in *Mental Health, United States, 1992*; for 1986, 1988, and 1990 in *Mental Health, United States, 1994*; for 1986, 1990, and 1992 in *Mental Health, United States, 1996*; for

1990, 1992, and 1994 in *Mental Health, United States, 1998*; and for 1992, 1994, and 1998 in *Mental Health, United States, 2000*.

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